

State: Michigan

STATE PLAN

FOR

INDEPENDENT LIVING

FISCAL YEARS 2002 - 2004

Chapter 1, Title VII of the Rehabilitation Act of 1973, as
Amended

TABLE OF CONTENTS

<u>Section 1:</u>	Purpose of the State Plan for Independent Living (SPIL)	5
1.1	Philosophy of the Programs	
1.2	Participation in the Programs	
<u>Section 2:</u>	Legal Basis and State Certifications	6
<u>Section 3:</u>	SPIL Development and Submittal	8
3.1	Frequency of Submittal	
3.2	SPIL Development	
3.3	Public Hearings	
3.4	Opportunity for Review and Comment Under State Review Process	
<u>Section 4:</u>	Statewide Independent Living Council (SILC)	10
4.1	Composition of the SILC	
4.2	Placement of the SILC	
4.3	Plan for Provision of Resources to the SILC	
<u>Section 5:</u>	Designation and Responsibilities of the State Unit(s) (DSU)	12
5.1	Designation	
5.2	DSU Responsibilities under the SPIL	
<u>Section 6:</u>	Staff and Staff Development	13
6.1	Personnel Administration	
6.2	Personnel Development	
6.3	Affirmative Action	
6.4	Nondiscrimination	
<u>Section 7:</u>	Financial Administration	14
7.1	General Provisions	
7.2	Source of State Record Keeping Funds	
7.3	Financial Planning	
7.4	Access to Financial Records	
7.5	Financial Reports	

<u>Section 8:</u>	State Administration of Part C Program	16
8.1	Funds Earmarked to Support Centers for Independent Living (CILs)	
8.2	State Applies to Administer Part C Funds	
8.3	State Administers Funds in Compliance with §723	
8.4	Monitoring and Oversight	
<u>Section 9:</u>	Information on Use of Part B, Chapter 1 Funds	18
9.1	Use of §711 Funds in Support of §713 Purposes	
9.2	Explanation of How §713 Activities Further Objectives in Attachment	
<u>Section 10:</u>	Outreach	19
<u>Section 11:</u>	Extent and Scope of Independent Living Services	19
<u>Section 12:</u>	Eligibility, Records, Independent Living Plans, and Notice of Client Assistance Program	22
12.1	Eligibility for Receipt of Services	
12.2	Consumer Service Record	
12.2	Independent Living Plans	
12.3	Notice About the Client Assistance Program	
<u>Section 13:</u>	Statewide Network of CILs	23
13.1	Network Design	
13.2	Identification of Unserved and Underserved Areas and Priorities	
<u>Section 14:</u>	Communication, Cooperation, Coordination	23
<u>Section 15:</u>	Evaluation Plan	24

ATTACHMENTS

The following is a list of the attachments in the SPIL. The attachments listed are numbered to coincide with their section. It is recommended that these attachments not exceed a combined total of 40 pages in length.

Attachment 1 Goals, Missions, and Objective

Attachment 2 Plan for the Provision of Resources to the SILC Budget

Attachment 3 Evaluation Plan

Attachment 4 Policies, Practices and Procedures
for Award of Grants Under Section 723 (Not applicable for Michigan)

Section 1: Purpose of the State Plan for Independent Living (SPIL), under Chapter 1 of Title VII

1.1 Philosophy of the Programs (Sec. 701 of the Act; 34 CFR 364.2)

The State assures that in the implementation of this plan the State will:

- (a) Promote a philosophy of independent living (IL), including a philosophy of consumer control, peer support, self-help, self-determination, equal access, and individual, and system advocacy, to maximize the leadership, empowerment, independence, and productivity of individuals with significant disabilities, and to promote and maximize the integration and full inclusion of individuals with significant disabilities into the mainstream of American society by providing financial assistance to States;
- (b) Provide financial assistance for providing, expanding, or improving the provision of IL services;
- (c) Provide assistance to develop and support a Statewide network of centers for independent living (CILs), operated by consumer-controlled, community-based, cross-disability, nonresidential private nonprofit agencies that are operated within local communities by individuals with disabilities and that provide an array of IL services; and
- (d) Advocate for improving working relationships among the various entities providing services to and for people with significant disabilities.

1.2 Participation in the Programs (Sec. 704(a)(1) of the Act; 34 CFR 364.10)

The DSU and SILC understands that no Federal funds or other benefits can be made available under Chapter 1 unless the State conforms with all applicable statutory and regulatory requirements.

- (a) This SPIL reflects the State's commitment to carry out an IL plan under Chapter 1 of Title VII of the Rehabilitation Act of 1973, as amended (Chapter 1)*, and also the State's planning and implementation activities related to the plan.

* Public Law 93-112, as amended by Public Laws 93-516, 93-651, 95-602, 98-221, 99-506, 100-259, 100-630, 101-336, 102-569, 103-73, and 103-218.

Section 2: Legal Basis and State Certifications (Sec. 704 of the Act)

As a condition to the receipt of financial assistance under Chapter 1, the

Michigan Statewide Independent Living Council

(Name of Statewide Independent Living Council)

jointly with the DSU is authorized to develop and sign the SPIL. The DSU and SILC agree to administer the programs in compliance with the provisions of the Act, all applicable regulations, policies, and procedures promulgated by the Secretary, and the provisions of this SPIL.

(b) The State legally may carry out each provision of the SPIL and the DSU has the authority under State law to perform the functions of the plan.

(c) All provisions of the SPIL are consistent with State law.

(d) The Treasurer of the State of Michigan
(Title of State Official) (acting on behalf of DSU)

has authority under State law to receive, hold, and disburse Federal funds made available under the SPIL.

(e) The SPIL being submitted has been adopted or otherwise formally approved by the DSU and SILC.

(f) The SPIL is the basis for State operation and administration of the Chapter 1 programs, as appropriate,* and is available for public inspection.

(g) The effective date of this SPIL is October 1, 2001.

* If a State's expenditures earmarked to support the general operation of CILs is equal to or greater than the amount of Federal funds allotted to the State for this purpose, and the State has applied in SPIL Section 8 to administer the Part C, Ch. 1 program pursuant to section 723 of the Act, then the DSU must provide administrative support to the CILs; otherwise, the Secretary administers the CIL program pursuant to section 722 of the Act and the approved SPIL and the DSU is not required to provide administrative support services. §704(c)(2) of the Act)

SIGNATURE OF SILC CHAIRPERSON	DATE
Karen Duckworth, Chair	
Statewide Independent Living Council	616/323-0435
NAME OF SILC CHAIRPERSON	PHONE NO.

SIGNATURE OF DESIGNATED STATE UNIT DIRECTOR	DATE
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(This document incorporates by reference MISPILO1.629 filed 6/29/2001
by IL Coordinator T. Haworth, MD CD-RS, Lansing, MI)

Section 3: Plan Submittal

3.1 Frequency of Submittal (Sec. 704(a)(3) of the Act; 34 CFR 364.11, 364.20(b))

- (a) This SPIL is for fiscal years 2002 - 2004. A three-year plan must be submitted every three years by July 1 of the year preceding the first fiscal year for which the plan is submitted, (i.e., July 1, 2001).
- (b) Plan amendments are submitted whenever the Secretary determines an amendment to the SPIL is essential during the effective period of the plan; or when there is a significant and relevant change that materially affects the information or the assurances in the plan, the administration or operation of the plan, or the organization, policies, or operations of the DSU or SILC.

3.2 State Plan Development (Sec. 704(a)(2) of the Act; 34 CFR 364.20(c))

The State plan is jointly developed and signed by the director of the DSU and the chairperson of the SILC or other individual acting on behalf of and at the direction of the Council.

3.3 Public Hearings (Sections 17, 704(m)(6) of the Act; 34 CFR 364.20(g), (h))

- (a) The State conducts public hearings to provide all segments of the public, including interested groups, organizations, and individuals, an opportunity to comment on the SPIL prior to its submission to RSA, and on any substantive review or revision of the approved SPIL. The DSU and SILC may meet the public participation requirement by holding the public hearings before a preliminary draft State plan is prepared or by providing a preliminary draft State plan for comment at the public hearings.
- (b) The State establishes and maintains a written description of procedures for conducting public hearings in accordance with the following requirements:
 - (i) The DSU and SILC shall provide appropriate and sufficient notice of the public hearings. Appropriate and sufficient notice means notice provided at least 30 days prior to the public meeting through various media available to the general public, such as newspapers and public service announcements, and through specific contacts with appropriate constituency groups and organizations identified by the DSU and SILC.
 - (ii) The DSU and SILC shall make reasonable accommodation to individuals with disabilities who rely on alternative modes of communication in the conduct of the public hearings, including providing sign language interpreters and audio-loops.

- (iii) The DSU and SILC shall provide the notices of the public hearings, any written material provided prior to or at the public hearings, and the approved State plan in accessible formats (e.g., Braille, large print, on disk) for individuals who rely on alternative modes of communication.
- (iv) At the public hearings to develop the State plan, the DSU and SILC will identify those provisions in the State plan that are State-imposed requirements. For purposes of this section, a State-imposed requirement includes any State law, regulation, rule, or policy relating to the DSU's administration or operation of IL programs under Title VII of the Act, including any rule or policy implementing any Federal law, regulation, or guideline, that is beyond what would be required to comply with the regulations in 34 CFR Parts 364, 365, 366, and 367.
- (c) The State identifies State imposed requirements resulting from the application of any State rule or policy relating to the administration or operation of the programs under Chapter 1. Following are descriptions of the State imposed requirements included in the SPIL, if any:

None

3.4 Opportunity for Review and Comment Under State Review Process (34 CFR 76.141-142)

If the SPIL or an amendment to the plan is subject to the State review process, such materials are reviewed, and commented on, in accordance with the provisions of Executive Order 12372. Comments provided through the State review process will be transmitted to RSA.

Section 4: Statewide Independent Living Council (SILC) (Sec. 705(a) and (b) of the Act)

4.1 Composition of the SILC (Sec. 705(b) of the Act; 34 CFR 364.21(b))

(1) State the total number of persons on the SILC.	24
(2) State the number of SILC members with disabilities, as defined in 34 CFR 364.4 (b), and not employed by a State agency or a CIL	13
(3) Is a representative of the DSU an ex-officio, member of the SILC?	<u>Y</u> N
(4) State the number of voting members on the SILC.	18
(5) State the number of different disability groups (physical, mental, cognitive, sensory, or multiple) represented by members of the SILC (up to five).	4
(6) Is a CIL director chosen by CIL directors within the State appointed to the SILC?	<u>Y</u> N
(7) Does the SILC include representatives from other State agencies that provide services for individuals with disabilities.	<u>Y</u> N
(8) Does the council have a voting membership that is knowledgeable about CILs and IL services?	<u>Y</u> N
(9) Do Council members provide statewide representation?	<u>Y</u> N
(10) Is the Council Chairperson elected from among the voting members of the Council by the voting members of the Council or the Governor, pursuant to section 705(b)(5) of the Act?	<u>Y</u> N

4.2 Placement of the SILC (Sec. 705(a) of the Act; 34 CFR 364.21(a)(2))

The SILC is not established as an entity within any State agency, including the DSU, and is independent of the DSU and all other State agencies. Following is a brief description of the legal status and placement of the SILC:

The SILC is an 18-member Governor-appointed Council and is accountable to the Governor. The SILC functions independently of any state agency. As of October 1, 2001, SILC will utilize the Michigan Statewide Independent Living Corporation, an independent non-profit organization established to serve as fiscal agent to the Council.

4.3 Plan for Provision of Resources to the SILC (SILC Budget) Sec. 705(e) of the Act; 34 CFR 364.21(i))

- (a) In conjunction with the DSU, the SILC will prepare a Resource Plan Attachment 2 (SILC Budget) for the provision of resources, cash or in-kind, including staff and personnel, rent, supplies, telephone expenses, travel, and other expenses(e.g., child care, personal assistance services, and compensation to a member of the SILC, if the member is not employed or must forfeit wages from other employment, for each day the member is engaged in performing SILC duties) that will be necessary to carry out the functions of the SILC during the term of the SPIL.
- (b) The SILC will be responsible for the proper expenditure of funds and the use of resources it receives under the SILC Budget.
- (c) No conditions or requirements are included in the SILC Budget that will compromise the independence of the SILC.
- (d) While assisting the SILC in carrying out its duties under the SPIL, staff and other personnel assigned to the SILC under the SILC Budget will not be assigned duties by the DSU or other agency or office of the State that would create a conflict of interest.

Attachment 2 - Describes the SILC Budget.

Attachment 2 must include a description of the SILC's Budget for the three years covered by the SPIL, including the sources of funds, staff, supplies, and other resources made available under parts B and C of Chapter 1, Part C of Title I of the Act, and from State and other public and private sources, that may be necessary for the SILC to carry out its responsibilities under section 705 of the Act and the SPIL. No conditions or requirements may be included in the SILC's resource plan that may compromise the independence of the SILC. The SILC is responsible for the proper expenditure of funds and use of resources that it receives under the resource plan. The SILC shall, consistent with State law, supervise and evaluate its staff and other personnel as may be necessary to carry out its functions. While assisting the SILC in carrying out its duties, staff and other personnel made available to the SILC by the DSU may not be assigned duties by the designated State agency or DSU, or any other agency or office of the State, that would create a conflict of interest.

Section 5: Designation and Responsibilities of the State Unit(s)

5.1 Designation (Sec. 704(c) of the Act; 34 CFR 364.22)

The State unit(s) designated to receive, account for, and disburse funds, and provide administrative support services is (are):

- 1) the Michigan Department of Career Development - Rehabilitation Services, and
- 2) the Michigan Commission for the Blind.

5.2 DSU Responsibilities under the SPIL (Sec. 704 (c) of the Act; 34 CFR 364.22)

The DSU:

- (a) Receives, accounts for, and disburses funds received by the State under Chapter 1 in accordance with the SPIL;
- (b) Provides administrative support services for the part B State IL services (SILS) program and the part C, Chapter. 1, CIL program in a case in which the program is administered by the State under section 723 of the Act;
- (c) Keeps such records and affords such access to such records as the Secretary finds to be necessary with respect to the programs; and
- (d) Submits the SPIL and such additional information or provides such assurances as the Secretary may require with respect to the programs.

Section 6: Staff and Staff Development

6.1 Personnel Administration (Sec. 12(c), 704(m) of the Act; 34 CFR 364.23)

- (a) The staff of service providers will include personnel who are specialists in the development and provision of IL services and in the development and support of CILs.
- (b) To the maximum extent feasible, each service provider will make available personnel able to communicate --
 - (1) With individuals with significant disabilities who rely on alternative modes of communication, such as manual communication, nonverbal communication devices, Braille, or audio tape, and who apply for or receive IL services under the SPIL; and
 - (2) In the native languages of individuals with significant disabilities whose English proficiency is limited and who apply for or receive IL services under the SPIL.

6.2 Personnel Development (Sec. 12(c), 704(m) of the Act; 34 CFR 364.24)

The State assures that service providers will establish and maintain a program of staff development for all classes of positions involved in providing IL services and, if appropriate, in administering the CIL program. The staff development program will emphasize improving the skills of staff directly responsible for the provision of IL services, including knowledge of the IL philosophy.

6.3 Affirmative Action (Sec. 704(m)(2) of the Act; 34 CFR 364.31)

All recipients of financial assistance under Chapter 1 take affirmative action to employ and advance in employment qualified individuals with disabilities on the same terms and conditions required with respect to the employment of individuals with disabilities under section 503 of the Act.

6.4 Nondiscrimination (34 CFR 76.500)

No individual will, on the basis of race, color, national origin, gender, age, or disability be excluded from participation in, denied the benefits of, or otherwise be subjected to discrimination under this SPIL.

Section 7: Financial Administration

7.1 General Provisions (Sec. 704(m)(3) of the Act; 34 CFR 364.34)

All recipients of financial assistance under Chapter 1 will adopt such fiscal control and fund accounting procedures as may be necessary to ensure the proper disbursement of and accounting for funds paid to the State under Chapter 1.

7.2 Source of State Funds (Sections 712(b)(2) and 7(7)(C) of the Act; 34 CFR 365.12, .13 and .14, 367.11, .42)

- (a) The one to nine non-Federal share of the cost of any project that receives assistance through an allotment under part B, Chapter 1 will be provided in cash or in kind, fairly evaluated, including plant, equipment, or services, consistent with 34 CFR 365.13, .14, and .15.
- (b) For the purpose of determining the Federal share with respect to the State, expenditures by a political subdivision of the State will, subject to regulations prescribed by the Secretary, be regarded as expenditures by the State.
- (c) The State may not condition the award of a grant, subgrant, or contract under part B, Chapter 1 or a grant, subgrant, or assistance contract under part C, Chapter 1 on the requirement that the applicant for the grant or subgrant make a cash or in-kind contribution of any particular amount or value to the State. Furthermore, an individual, entity, or organization that is a grantee or subgrantee of the State, or has a contract with the State, may not condition the award of a subgrant or subcontract under part B, Chapter 1 or part C, Chapter 1 on the requirement that the applicant for the subgrant or subcontract make a cash or in-kind contribution of any particular amount or value to the State or to the grantee or contractor of the State.

7.3 Financial Record Keeping (Sec. 704(m)(4)(A) and (B) of the Act; 34 CFR 364.35)

All recipients of financial assistance under Chapter 1 will:

- (a) Maintain records that fully disclose--
 - (1) the amount and disposition by each recipient of the proceeds of such financial assistance,
 - (2) the total cost of the project or undertaking in connection with which such financial assistance is given or used, and
 - (3) the amount of that portion of the cost of the project or undertaking supplied by other sources; and

(4) compliance with the requirements of Chapter 1 and 34 CFR Parts 364, 365, 366, and 367.

(b) Maintain such other records as the Secretary determines to be appropriate to facilitate an effective audit.

7.4 Access to Financial Records (Sec. 704(m)(4 & 5) of the Act; 34 CFR 364.37)

All recipients of financial assistance under Chapter 1 will afford access to the Secretary and the Comptroller General or any of their duly authorized representatives, for the purpose of conducting audits and examinations, to all records maintained pursuant to section 7.3 of the SPIL immediately above and any other books, documents, papers, and records of the recipients that are pertinent to the financial assistance received under Chapter 1.

7.5 Financial Reports (Sec. 704(m)(4)(D) of the Act; 34 CFR 364.36)

All recipients of financial assistance under Chapter 1 will submit reports with respect to records required in section 7.3 of the SPIL, as the Secretary determines to be appropriate.

Section 8: State Administration of Part C Program*

NOTE - THIS SECTION APPLIES ONLY TO §723 STATES.

8.1 Funds Earmarked to Support CILs (Sec. 723(a) of the Act; 34 CFR 366.32)

In the second fiscal year preceding fiscal year 2000, the general operations of CILs in the State were supported by the following amounts of earmarked funds†:

State Funds	N/A	Federal Allotment	N/A
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8.2 State Applies to Administer Part C Program (Sections 704(h) and 723 of the Act; 34 CFR 366.32)

The director of the DSU hereby applies to award grants or assistance contracts to eligible agencies in the State that comply with the standards and assurances set forth in section 725 of the Act. The grants are to be made from the funds allotted to the State for the planning, conduct, administration, and evaluation of CILs under part C, Chapter 1.

8.3 State administers funds in compliance with §723 (Sec. 704(h) of the Act; 34 CFR 366.32, .35)

- (a) If Section 8.2 is answered in the affirmative, the director of the DSU awards grants or assistance contracts under section 723 of the Act to any eligible agency that was awarded a grant under part C, Chapter 1 on September 30, 1993, unless the director makes a finding that the agency involved fails to comply with the standards and assurances set forth in section 725 of the Act or the director of the DSU and the chairperson of the SILC, or other individual designated by the SILC to act on behalf of and at the direction of the SILC, jointly agree to another order of priorities.

* (a) To meet the requirements in section 723(a)(1)(B) and (2) of the Act, a **§723 State must submit this section of the SPIL for approval each year** subsequent to the first year of approval to administer the Part C, Chapter 1 program.

(b) Unless the provisions of Attachment 8 are materially changed, submittal of this Section shall not constitute a material revision of the SPIL requiring public hearings or State review under SPIL Section 3.

† The amount of State funds earmarked by a State to support the general operation of centers does not include: (1) Federal funds used for the general operation of centers; (2) State funds used to purchase services from a CIL, including State funds used for grants or contracts for personal assistance or skills training; (3) State attendant care funds; (4) Social Security Administration reimbursement funds; or (5) funds used to support an entity that does not meet the definition of a CIL in section 702 of the Act, e.g. funds used to support a single disability (If a State or outlying area is operating a CIL pursuant to section 724 of the Act, the funds used to support this CIL can be considered "earmarked" for purposes of section 723(a)(1)(A)(i) of the Act.) or residential facility cannot be counted as earmarked funds.

- (b) The State assures that any assistance contracts issued to eligible agencies will not add any requirements, terms, or conditions to the assistance contract other than those that would be permitted if the assistance contract were a subgrant consistent with grants issued by RSA under section 722 of the Act.
- (c) In administering the part C, Chapter 1 program, the State will not enter into any procurement contracts with CILs to carry out section 723 of the Act.

8.4 Monitoring and Oversight. (§§704(h), 723(g) and (h) of the Act; 34 CFR 366.38)

The State assures that periodic and on-site compliance reviews will be conducted to determine CIL compliance with section 725 of the Act as described in Attachment 3.

Attachment 4 describes the policies, practices, and procedures, which comply with section 723 of the Act, that the State utilizes for awarding continuation and new grants.

[Section 8 is not applicable to Michigan.]

Section 9: Information on Use of Part B, Chapter 1 Funds**9.1 Use of §711 funds in support of §713 purposes** (Sec. 713 of the Act; 34 CFR 365.1)

Part B Funds are to be used only for any one or more of the following purposes (all optional):	Directly by DSU	Grant/Contract	Dollar Amount*
(a) Fund the resource plan for SILC (SPIL Section 4).	<u>Y</u> N	<u>Y</u> N	83,133*
(b) Provide IL services to individuals with significant Disabilities	<u>Y</u> N	<u>Y</u> N	151,402*
(c) Demonstrate ways to expand and improve IL services.	Y <u>N</u>	Y <u>N</u>	0*
(d) Support the general operation of CILs.	<u>Y</u> N	<u>Y</u> N	262,167*
(e) Support activities to increase capacity of public or nonprofit agencies and organizations and other entities to develop comprehensive approaches or systems for providing IL services.	Y <u>N</u>	Y <u>N</u>	0*
(f) Conduct studies and analyses, gather information, develop model policies and procedures, and present information, approaches, strategies, findings, conclusions, and recommendations to Federal, State, and local policy makers to enhance IL services.	Y <u>N</u>	<u>Y</u> N	20,662*
(g) Train individuals with significant disabilities, individuals providing services to individuals with significant disabilities, and other persons regarding IL philosophy.	Y <u>N</u>	Y <u>N</u>	0*
(h) Provide outreach to unserved or underserved populations, including minority groups and urban and rural populations.	Y <u>N</u>	<u>Y</u> N	77,214*

* Figures are estimates for FY 2001.

Attachment 1 describes the uses, objectives, and amounts of part B, Chapter 1 funds supporting each purpose.

Section 10: Outreach (Sections 704(l) and 713(7) of the Act; 34 CFR 364.32)

The State reaches out to populations, including minority groups and urban and rural populations, that are unserved or underserved by the programs funded under Chapter 1.

Attachment 1 describes the steps that will be taken regarding outreach to populations, including minority groups and urban and rural populations, that are unserved or underserved by the programs funded under Chapter 1. Attachment 1 also describes populations designated for special outreach efforts and the geographic areas in which they reside (e.g., individuals with significant disabilities residing on land controlled by American Indians.)

Section 11: Extent and Scope of IL Services (Sections 7(30), 704(e) and 713(1) of the Act; 34 CFR 364.43)

- (a) Attachment 1 describes all IL services to be provided under the SPIL to meet the objectives in Section 10.
- (b) The State provides the following IL core services to individuals and groups of individuals with significant disabilities:
 - (1) Information and referral;
 - (2) IL skills training;
 - (3) Peer counseling (including cross-disability peer counseling); and
 - (4) Individual and systems advocacy,
- (c) The IL core services may be provided directly by the DSU, or through grant or contract. While the State is required to provide these services, it may fund the services using funds from any source, e.g., part B or part C, Chapter 1, State funds, or other funds.
- (d) In addition, the State provides the following IL services to individuals and groups of individuals with significant disabilities*:

* Insert an "X" or check mark for each IL service that will be made available. It is not necessary to insert any projection of numbers of consumers to be served.

- (1) X Counseling services, including psychological, psychotherapeutic, and related services;
- (2) X Services related to securing housing or shelter, including services related to community group living, and supportive of the purposes of this Act and of the titles of this Act, and adaptive housing services (including appropriate accommodations to and modifications of any space used to serve, or occupied by, individuals with significant disabilities);
- (3) X Rehabilitation technology;
- (4) X Mobility training;
- (5) X Services and training for individuals with cognitive and sensory disabilities, including life skills training, and interpreter and reader services;
- (6) X Personal assistance services, including attendant care and the training of personnel providing such services;
- (7) X Surveys, directories, and other activities to identify appropriate housing, recreation opportunities, and accessible transportation, and other support services;
- (8) X Consumer information programs on rehabilitation and IL services available under this Act, especially for minorities and other individuals with disabilities who have traditionally been unserved or underserved by programs under this Act;
- (9) X Education and training necessary for living in the community and participating in community activities;
- (10) X Supported living;
- (11) X Transportation, including referral and assistance for such transportation;
- (12) X Physical rehabilitation;
- (13) X Therapeutic treatment;
- (14) X Provision of needed prostheses and other appliances and devices;
- (15) X Individual and group social and recreational services;

- (16) X Training to develop skills specifically designed for youths who are individuals with significant disabilities to promote self-awareness and esteem, develop advocacy and self-empowerment skills, and explore career options;
- (17) X Services for children with significant disabilities;
- (18) X Services under other Federal, State, or local programs designed to provide resources, training, counseling, or other assistance of substantial benefit in enhancing the independence, productivity, and quality of life of individuals with significant disabilities;
- (19) X Appropriate preventive services to decrease the need of individuals with significant disabilities assisted under this Act for similar services in the future;
- (20) X Community awareness programs to enhance the understanding and integration into society of individuals with disabilities; and
- (21) X Such other services as may be necessary and not inconsistent with the provisions of this Act.

Attachment 1 describes the extent and scope of the IL services identified above, and how they meet the State's objectives for IL. The attachment also describes any arrangements of grants or contracts made by the State for providing such services.

Section 12: Eligibility, Records, IL Plans, and Notice of Client Assistance Program

12.1 Eligibility for Receipt of Services (Sections 7(15)(B) and 703 of the Act; 34 CFR 364.51)

- (a) Individuals with significant disabilities are eligible for services provided under the SPIL.
- (b) To be eligible, an individual is one:
 - (1) Who has a significant physical, mental, cognitive, or sensory impairment;
 - (2) Whose ability to function independently in the family or community or whose ability to obtain, maintain, or advance in employment is substantially limited; and
 - (3) For whom the delivery of IL services will improve the ability to function, continue functioning, or move towards functioning independently in the family or community or to continue in employment.

12.2 Consumer Service Record (Sections 704(m)(4)(B), 725(c)(8) of the Act; 34 CFR 364.53)

A consumer service record (CSR) will be maintained for each consumer of services, other than information and referral, which will contain documentation that the consumer is eligible or ineligible for IL services, the information required for the annual performance report under 34 CFR 364.36 and 366.50(h), and an IL plan (ILP) or a waiver as described in SPIL Section 13.3.

12.3 IL Plans (Sec. 704(e) and 725(c)(14) of the Act; 34 CFR 364.52)

The State provides IL services under Chapter 1 to individuals with significant disabilities in accordance with an ILP mutually agreed upon by an appropriate staff member of the service provider and the individual, unless the individual signs a waiver stating that such a plan is unnecessary.

12.4 Notice about the Client Assistance Program (Sections 20 and 704(m)(1) of the Act; 34 CFR 364.30)

All recipients of financial assistance under Chapter 1 that provide services to individuals with significant disabilities advise those individuals seeking or receiving IL services about the availability of the Client Assistance Program under section 112 of the Act, the purposes of the services provided under such program, and information on the means of seeking assistance under such program.

Section 13: Statewide Network of Centers for Independent Living (CILs)

13.1 Network Design (Sec. 704(g) of the Act; 34 CFR 364.25(a))

The State has developed a design for the establishment of a statewide network of CILs that comply with the standards and assurances set forth in section 725 of the Act.

13.2 Unserved and Underserved Areas and Priorities (Sec. 704(g) of the Act; 34 CFR 364.25(b))

(a) The network design:

- (i) identifies unserved and underserved geographic areas of the State; and
- (ii) includes an order of priority for the establishment of CILs in those areas.

Attachment 1 describes the design for the establishment of a statewide network of CILs and the order of priorities for the establishment of new CILs. This attachment should be visionary. If the State believes the network is complete, the attachment describes the network, including how it complies with §725 of the Act. future plans for expansion of the network to serve populations that are currently unserved or underserved.

Section 14: Communication, Cooperation, and Coordination (Sections 704(I-k) of the Act; 34 CFR 364.26 and .27)

- (a) The State takes steps that maximize the communication, cooperation, coordination, and working relationships among --
 - (1) the SILS program, the SILC and CILs; and
 - (2) the DSU, other State agencies represented on the SILC, other councils that address the needs of specific disability populations and issues, and other public and private entities, including Indian Tribal Councils, determined to be appropriate by the SILC.
- (b) The State ensures that services funded under Chapter 1 will complement and be coordinated with other services to avoid unnecessary duplication with other Federal, State, and local programs, including the IL program for older individuals who are blind funded under Chapter 2 of Title VII.
- (c) The State coordinates Federal and State funding for CILs and SILS.

Section 15: Evaluation Plan (Sec. 704(n) of the Act; 34 CFR 364.38)

- (a) The State establishes a method for the periodic evaluation of the effectiveness of the SPIL:
 - (1) In meeting the State's objectives and timelines for meeting those objectives;
 - (2) In the satisfaction of individuals with disabilities; and
 - (3) In meeting the objectives established in Section 9 of the SPIL.
- (b) The State agrees to annually submit the results of DSU and SILC evaluation activities, including the most recent evaluation of Title VII consumer satisfaction, with the annual performance report to RSA.

Michigan State Plan for Independent Living – Attachment 1

MICHIGAN’S IL/CIL PROGRAM PLAN*

Fiscal Years 2002-2004

Table of Contents

(Page)

Foreword.....	3
Executive Summary	4
Acronyms and Abbreviations	9
Part A. Independent Living and Guiding Principles.....	11
Part B. Framework for Systems Change.....	15
1. A Statewide Partnership Coalition.	22
2. Broader Community Building and Connecting Efforts.....	24
3. Civic Involvement and Public Policy Development.	26
4. A Collective Education and Marketing Campaign.....	28
5. Improved Information and Referral Systems and Practice.....	30
6. Responsive Community Supports and Services	32

(Updated 10/10/2001)

* This plan addresses the needs of individuals with significant disabilities, as defined in Section 6(21)(B) of the Rehabilitation Act.

	(Page)
Part C. Michigan’s IL/CIL Program	35
1. Program Overview	36
2. Establishment of Statewide IL/CIL Network	38
3. Establishment of Older Individuals Who Are Blind (OIB) Program	61
4. Technical Assistance and Network Support	63
5. Coordinated Funding Plans	67
 Part D. Supporting Information	 71
1. Glossary of Terms	73
2. Structure of Michigan’s IL/CIL Network	81
3. Location of Michigan’s CILs	87
4. Service Areas of Michigan’s CILs	88
5. Populations Served by Michigan’s CILs	89
6. Michigan’s Developmental CIL Benchmarks	97
7. Business Plan Outline for Developing IL Supports and Services	103
8. Summary of Community Input and Needs	105
9. Summary of Comments on Proposed SPIL, and Responses	117
10. Outreach Reference Page	121

FOREWORD

This document describes Michigan's Independent Living / Centers for Independent Living (IL/CIL) program and outlines program plans for Fiscal Years (FYs) 2002-04. It has been jointly developed by the State Plan for Independent Living (SPIL) Partners, in collaboration with other IL and community partners. A fuller explanation of the partnerships is provided in the Glossary.

In accord with requirements of Title VII of the Rehabilitation Act, the document has been developed as Attachment 1 of Michigan's FY 2002-04 State Plan for Independent Living (SPIL). For convenience, it will also be made available as a free-standing document entitled, "Michigan's IL/CIL Program Plans for FYs 2002-04".

The several parts of the document can be used in different ways:

- Part A – as a summary of federal and state public policy for Independent Living (IL) and Centers for Independent Living (CILs).
- Part B – as the collaborative workplan for Michigan's IL partnerships.
- Part C – as a description of Michigan's IL/CIL program and budget commitments.
- Part D – as a supplemental source of information about IL/CIL terms and program detail.

Readers are encouraged to extract portions of this document for use in planning and program activities.

The plans reflected in this document are continuously reviewed and updated by the IL partners. Input to further enhance the vision of IL becoming a reality for all people in Michigan is always welcome.

EXECUTIVE SUMMARY

This Michigan State Plan for Independent Living (SPIL) is based upon a multi-layered set of partnerships. At the core are joint working arrangements among the “***SPIL Partners***” of the Statewide Independent Living Council (SILC), Michigan Department of Career Development – Rehabilitation Services (MRS), and the Michigan Commission for the Blind (MCB), in collaboration with the Michigan Association of Centers for Independent Living (MACIL) and the Michigan Disability Rights Coalition (MDRC). The next more inclusive layer extends to collaborations with other “***IL partners***” who support the Disability Rights Movement and the Independent Living Philosophy. At the most inclusive layer are cooperative initiatives to achieve shared objectives with other “***community partners***”, including other public and private agencies that provide supports and services needed for Independent Living.

Part A. Independent Living and Guiding Principles

As established under the Rehabilitation Act, the mission of Michigan's Title VII IL/CIL program is to promote Independent Living in order to maximize the leadership, empowerment, independence, and productivity of individuals with disabilities in Michigan and their full integration and inclusion into the mainstream of American society. This includes achieving the personal goals of self-determination and self-governance.

The Michigan IL partners, in collaboration with other community partners, have defined Independent Living as follows:

“Independent Living is the right of all people to make informed choices, to have personal control over their own lives, and to participate to the fullest extent possible in the everyday activities of work, school, home, family, and community.”

Their vision is for Independent Living to become a reality for all people in Michigan.

To realize this vision, the Michigan IL partners hold that public policy affecting the lives of people with disabilities should adhere to principles of ***consumer sovereignty, equal access, responsive programs and services, and community capacity building***. These principles form a common ground upon which people with disabilities and their partners can come together in taking action.

Part B. Framework for Systems Change

Meetings of nineteen IL and community partners reached agreement that an ***expanded “bolder and broader” partnership*** is needed to truly create systems change in Michigan. Their commitment is to move beyond the special-interest focus of traditional partnership approaches to establish an expanded collective partnership inclusive of all disability types and issues. The expanded partnership also needs to embrace other community partners in working for the achievement of shared objectives. It must strive to:

- ✓ Create a collective voice and promote collective action.
- ✓ Reduce redundancies and fragmentation across disability organizations while increasing collaboration between disability groups.
- ✓ Promote accountability for action.

The participating IL and community partners have joined in reconnecting with the IL vision, selecting strategies for collectively moving forward, and identifying the partnership infrastructure needed for success. They have established the following ***six core partnership strategies***, which are here presented as the SPIL goals:

1. A statewide partnership coalition.
2. Broader community building and connecting efforts.
3. Civic involvement and public policy development.
4. A collective education and marketing campaign.
5. Improved information and referral systems and practices.
6. Responsive community supports and services.

There is the realization that these strategies set a very comprehensive agenda which will only be achieved through long-term efforts over several years. In a ***continuous improvement approach***, partnership design teams will develop, monitor, evaluate, and update the identified objectives on a routine basis. An annual partnership strategic retreat will address further development and expansion of the goals and objectives. The specific objectives for each goal will be set annually.

Part C. Michigan's IL/CIL Program

Michigan's *IL/CIL Program* has been established as a way of achieving the IL vision and principles. The program reflects the multi-layered set of partnerships among the SPIL Partners, IL partners, and other community partners. It seeks to establish comprehensively inclusive community environments that assure each Michigan citizen with a disability has access to needed supports and services within a one-hour drive.

The state's *IL/CIL Network* serves as the anchor for these environments, supplemented and supported by the extended community, as needed to achieve the IL vision. As the primary delivery system for cross-disability IL supports and services, the statewide Network currently includes ten full-functioning Centers for Independent Living (CILs), four developing CILs, and one community planning initiative. It also includes two statewide technical assistance and network support organizations. The Michigan Association of Centers for Independent Living (MACIL) is the association which represents the state's CILs and actively works to strengthen and expand the Network. The Statewide Independent Living Council (SILC) is the Governor-appointed Council that works in collaboration with the Designated State Units (MRS and MCB) and the state's CILs to plan and coordinate the program.

To achieve the *long-range vision* of having IL supports and services available within a one-hour drive for any Michigan citizen, the expectation is for a network that will include a mix of CIL central offices, branch offices, satellite offices, and (perhaps) other affiliation arrangements. Each CIL will be receiving combined federal and state core funding equal to the established Michigan base core funding level, supplemented by additional core funding needed for outreach areas and unique local circumstances or needs.

To lay the basis for planning *future network development and expansion*, efforts are underway to more systematically identify and distinguish the CILs' primary service areas (which could be served from the base core funding) and their outreach service areas (for which additional outreach core funding should ultimately be provided). The CILs are also identifying how much of their existing core funding they are using for their primary service areas, and how much is being used for their outreach service areas. In addition they are identifying unserved and underserved areas, populations, and needs.

Currently*, the 15 IL/CIL organizations report 26% of Michigan's population in served areas and 36% in underserved areas, leaving 38% in unserved areas. They include 48 of the state's counties in their actual or planned primary service areas and another 17 counties in actual or planned outreach areas, leaving 18 counties not affiliated with the Network. Most of the Network's current capacity is committed to the identified primary service areas. Of the \$3.4 million in core funding received by the 15 community organizations in FY 2001, they report using \$3 million for their primary service areas, leaving only about \$400,000 for the outreach areas.

With a small increase in federal Title VII, Part C funding for FY 2002, the ten full-functioning CILs will achieve the current target level of \$300,000 in combined federal and state base **core funding**, with the expectation that regular cost-of-living-adjustments (COLAs) will be made in future years. This will include total FY 2002 Network core funding for 17 organizations (the 15 IL/CIL organizations along with MACIL and SILC) of about \$2 million in state funding, \$385,000 in state-administered federal funding, and \$1.6 million in direct federal funding. The challenge for the future is to find ways of increasing core funding available to meet the needs of the outreach and unaffiliated areas.

Even without adequate resources (i.e., "full core funding"), the CILs have demonstrated **significant impact** in delivering IL supports and services, and increasing IL options for people with disabilities in their primary service areas. Additionally, the CILs serve some individuals in their underserved outreach areas, and occasionally even in adjoining unaffiliated areas, although they have limited capacity to do this. For FY 2001, it is projected that the CILs will provide a total of 88,500 hours of community services and have 27,500 persons participate in CIL supports and services.

A collaborative plan is under development for provision of needed **technical assistance, training, and network supports**. This is seen as a essential part of the state's plan to develop the statewide network. A program of regular onsite program reviews is also being developed as an integral part of the statewide technical assistance and support plan. They are also seen as essential to assurance that program standards are met by the IL/CIL organizations that are not subject to federal on-site visits.

* CIL service area figures updated 7/9/2001

IL services for *older individuals who are blind* (OIB) are provided by MCB. The OIB Program supports the activities of IL specialists in the Upper and Lower Peninsulas, and provides limited case services for the purchase of adapted aids and appliances. It is expected that the MCB IL program will have total funding of about \$1,100,000 in FY 2002 and will serve some 1,200 individuals.

The SPIL has been developed on the basis of extensive *community and partner input*. This has included regular Disability Voice Town Hall meetings, focus groups convened by the SILC, two SILC partnership retreats, statewide hearings held by Office of Special Education, Michigan Rehabilitation Council public forums, and other statewide consumer input.

Part D. Supporting Information

Also included in the SPIL are several items of supporting information which are essential to an understanding of Michigan's IL/CIL Program Plan. A *Glossary of Terms* gives definitions or explanations of the various terms and names which are used. The *Structure of Michigan's IL/CIL Network* is defined and described. The *Location of Michigan's CILs* and the *Service Areas of Michigan's CILs* are presented. The *Populations Served by Michigan's CILs* are identified. Detail is provided on *Michigan's Developmental CIL Benchmarks*, which outline common elements in the development of successful CILs. A *Business Plan Outline* provides useful guidance for a community wishing to affiliate with the state's IL/CIL network. A *Summary of Community Input and Needs* is provided upon which the plan is based, as well as a *Summary of Comments on the Proposed SPIL, and Responses*. Finally, an *Outreach Reference Page* is provided, identifying places in the SPIL that address outreach to unserved and underserved populations

ACRONYMS & ABBREVIATIONS

The disabilities arena is a literal “alphabet soup” of acronyms and abbreviations. Since not everyone commonly uses these shorthand references, the acronyms used in the State Plan for Independent Living, along with their translations, are given below:

AAA	Area Agencies on Aging
ADA	American With Disabilities Act
ALD	Assisted Listening Device
Arc	The Arc of Michigan
AT	Assistive Technology
ATM	Automatic Teller Machine
CIL	Center for Independent Living
COLA	Cost-of-Living Adjustment
DOD	Division on Deafness
DSUs	Designated State Units
FIA	Family Independence Agency
FY	Fiscal Year
I & R	Information and Referral
IL	Independent Living
IL/CIL	Independent Living/Centers for Independent Living
IPE	Individual Plan for Employment
MACIL	Michigan Association of Centers for Independent Living
MARO	MARO Employment and Training Association
MCB	Michigan Commission for the Blind
MCB/CIC	Michigan Commission for the Blind Consumer Involvement Council
MCDC	Michigan Commission on Disability Concerns

MDCD – RS	Michigan Department of Career Development – Rehabilitation Services (Michigan Rehabilitation Services, MRS)
MDCH	Michigan Department of Community Health
MDDC	Michigan Developmental Disabilities Council
MDOT	Michigan Department of Transportation
MDRC	Michigan Disability Rights Coalition
MPAS	Michigan Protection and Advocacy Service, Inc.
MRC	Michigan Rehabilitation Council
MRS	Michigan Rehabilitation Services
NFBM	National Federal of the Blind of Michigan
OIB	Older Individuals who are Blind
PAS	Personal Assistance Services
PASREP	Personal Assistance Services Reimbursement for Employment Program
PSA	Public Service Announcements
ROELF	MACIL’s Technical Assistance/Professional Development Committee
RSA	Rehabilitation Services Administration
SAIL	Superior Alliance for Independent Living
SDA	Service Delivery Areas
SILC	Statewide Independent Living Council
SPIL	State Plan for Independent Living
UCP	United Cerebral Palsy
VIVA	Visually Impaired Volunteer Assistants

PART A: INDEPENDENT LIVING AND GUIDING PRINCIPLES

The federal Rehabilitation Act proclaims:

“Disability is a natural part of human experience and in no way diminishes the right of individuals to live independently, enjoy self-determination, make choices, contribute to society, pursue meaningful careers, and enjoy full inclusion and integration in the economic, political, social, cultural, and educational mainstream of American society....

“The goals of the Nation properly include the goal of providing individuals with disabilities with the tools necessary to (1) make informed choices and decisions; and (2) achieve equality of opportunity, full inclusion and integration in society, employment, independent living, and economic and social self-sufficiency.”

As established under the Rehabilitation Act, the mission of Michigan's Title VII IL/CIL program is to promote Independent Living in order to maximize the leadership, empowerment, independence, and productivity of individuals with disabilities in Michigan and their full integration and inclusion into the mainstream of American society. This includes achieving the personal goals of self-determination and self-governance.

Pursuing this mission involves – within the limits of available resources – the provision of technical assistance and funding to:

- Engage consumers, families, their advocates, related organizations and agencies in working as partners to continuously improve cooperation, coordination, working relationships, and collaboration in achieving the full integration and inclusion of people with disabilities.
- Provide, expand, and improve the delivery of quality IL supports and services, establishing a statewide capacity to meet the diverse needs of people with disabilities in Michigan.
- Develop and support a statewide network of community-based, consumer-controlled, non-profit Centers for Independent Living and other IL partners.

The Michigan IL and community partners have defined Independent Living as follows:

“Independent Living is the right of all people to make informed choices, to have personal control over their own lives, and to participate to the fullest extent possible in the everyday activities of work, school, home, family, and community.”

Their vision is for ***IL to become a reality for all people in Michigan.***

To realize this vision, the Michigan IL partners hold that public policy affecting the lives of people with disabilities should adhere to all of the following principles:

✓ **Consumer sovereignty**

The individual with a disability will be empowered to have personal control, self-direction, and self-determination of his/her own life. This will include the freedom to make one's own life choices, the information and personal supports needed to do so, and the dignity of personal responsibility and risk-taking.

This will also include opportunities for individuals and their families to gain skills that enable them to live more independently.

✓ **Equal access**

Communities and programs will assure that individuals with disabilities have full and equal access to living arrangements; employment situations; means of transportation; communications; social and recreational activities; community programs, supports, and services; and other aspects of everyday life. This will include reasonable accommodations (as defined in the Americans with Disabilities Act), cultural and disability awareness, and elimination of attitudinal and societal barriers. It will also include equal access to all political and economic rights.

✓ **Responsive programs and services**

Community and public programs and services will provide individuals with disabilities the support(s) they need to achieve personal and economic self-sufficiency. This will include supports people want and will use, for people with all types of disabilities, made available in the most integrated setting through community-based providers, in accord with personal preference and cultural factors.

Service providers will be evaluated on the basis of clearly defined standards, and the outcomes and customer satisfaction they achieve.

The impacts on people with disabilities of policy recommendations and program changes will be assessed before they are implemented, and will be measured and evaluated after implementation.

The programs will work interdependently to assure seamless access to, and delivery of, supports and services to people with disabilities.

✓ **Community capacity-building**

People with disabilities will work within their communities to identify barriers and gaps in service delivery and to effect needed systems change and capacity building. They will initiate activities to make changes in the community that make it easier for all persons with disabilities to live more independently.

The principles of *consumer sovereignty*, *equal access*, *responsive programs and services*, and *community capacity-building* form a common ground upon which people with disabilities and their partners can come together in taking action. The SPIL objectives specified in the next section identify priority issues to be addressed both statewide and at the community level during the coming three years. These reflect a variety of partnerships, including the SPIL Partners, IL partners, and other community partners.

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IL and Guiding Principles section.]

PART B: FRAMEWORK FOR SYSTEMS CHANGE

Meetings of IL and community partners have reached agreement that an expanded “bolder and broader” partnership is needed to truly create systems change in Michigan. There needs to be a “new way of doing business”. It must build on the successful elements of previous partnerships, while at the same time addressing their limitations. There must be commitment to move beyond the special-interest focus of traditional partnership approaches, to establish an expanded collective partnership inclusive of all disability types and issues. The expanded partnership also needs to embrace other community partners in working for the achievement of shared objectives. It must strive to:

- Create a collective voice and promote collective action.
- Reduce redundancies and fragmentation across disability organizations while increasing collaboration between disability groups.
- Promote accountability for action.

The framework for change begins by building on a collective wisdom within the disability community, building a collective voice to the public and to policy makers, and building a collective power to make change happen. The first steps towards this expanded “bolder and broader” partnership were pursued in Michigan by convening a partnership retreat. Nineteen partners joined in reconnecting with the IL vision, selecting strategies for collectively moving forward, and identifying the partnership infrastructure needed for success. They identified their respective levels of involvement in disability issues, and opportunities for partnerships, as summarized on the next two pages.

ORGANIZATION ABBREVIATION

AAA	Area Agencies on Aging
Arc	The Arc of Michigan
DCH	Department of Community Health
DDC	Developmental Disabilities Council
MACIL	Michigan Association of Centers for Independent Living
MARO	MARO Employment & Training
MCB	Michigan Commission for the Blind
DOD	Division on Deafness
FIA	Family Independence Agency
MCB/CIC	MI Commission for the Blind Consumer Involvement Council
MCDC	Michigan Commission on Disability Concerns
MDCD-RS	MI Department of Career Development-Rehabilitation Services
MDOT	Michigan Department of Transportation
MDRC	Michigan Disability Rights Coalition
MPAS	Michigan Protection & Advocacy Services
MRC	Michigan Rehabilitation Council
NFBM	National Federation of the Blind of Michigan
SILC	Statewide Independent Living Council
UCP	United Cerebral Palsy

LEGEND

<input type="checkbox"/>	This is our forte, these are the things we do best!
◆	My organization is actively working in this area.
○	We are looking for friends in this area.

IL PARTNERSHIP ACTIVITIES

DOMAINS/ISSUES												SERVICES					ACTIVITIES						
<u>AGENCY</u>	EDUCATION	TRANSPORTATION	EMPLOYMENT	MEDICAID	Disability Rights	ACCESSIBILITY	Managed Care	Long Term CARE	Health Care	SELF-DETERMINATION	INCLUSION	TRANSITION	SUPPORT/TA	REHABILITATION	I & R	OUTREACH	TRAINING (advocacy & Leadership)	TRAINING (IL Skills)	ADVOCACY	POLICY DVLPT & CHANGE	GRASSROOTS MOBILIZATION	PUBLIC Education	FUNDING & PROGRAM ADM
AAA		◆		◆				□ ○											□ ○		◆		
Arc	□ ○			◆○	◆○		□◆○	○	○	□◆○	□◆○	○	◆○	○	◆○	◆	○	◆○	◆○	◆○	◆○	◆○	◆
DCH				□			□	□	□	□	◆												
DDC	◆○	◆○	◆○	◆○	◆○	◆○	◆○	◆○	◆○	◆○	◆○	○	○		◆○	◆○	◆○		◆○	◆○	◆○	◆○	□◆○
DOD											◆		◆							◆○	◆○		
FIA					◆			◆		○					□				○ □				□
MACIL	◆○	◆○	◆○	◆○	◆○	◆○	◆○	◆○	◆○	◆○	◆○	◆○	◆○		◆	◆○	◆○	◆	◆○	◆○	□ ○	◆○	◆
MARO	○	○ □	□	◆			◆			◆	○			□						◆			
MCB		○ □◆○	□◆○			◆○				◆	○	◆○	◆○	□◆○	◆○	◆○		□◆○	○	○	◆	◆○	◆○
MCB/CIC	○	◆○	○	○	○	◆○	○		○				◆○		◆○	◆○	◆○		□◆○		○	◆○	○
MCDC	◆		◆○		◆	◆			◆			◆	◆		◆	◆	□◆○	◆○	◆			◆○	
MDCD-RS	◆○	◆○	◆○	○	◆○	◆○	○	○	◆○	◆○	◆○	◆○	◆○	□ ○	◆○	◆○	◆○	○	◆○	◆○	◆○	□◆○	◆○
MDOT	◆○	□◆	◆○			◆○						◆○			◆○	○			◆○	◆○	○	◆○	◆○
MDRC			◆○	◆○	◆○		◆○	○	□◆○	◆○					◆	◆	◆○			◆○	◆○		◆
MPAS	◆	○	◆○	□◆○		◆○	○	◆○	○	◆	◆	◆○	◆	○	◆	◆○		○ □	◆		○	○	○
MRC		◆	□ ○		◆	◆			○			○	○	◆					◆			◆	
NFBM	◆	□	◆			○	◆			○	○	◆			○	◆	○		○	○	○	○	
SILC	◆○	◆○	◆○	◆○	◆○	◆○	◆○	◆○	◆○	◆○	◆○	◆○	◆○	◆○	◆○	◆○	◆	◆○	□◆○	◆○	□◆○	□◆○	◆○
UCP		◆	◆	◆	◆		◆	◆	◆				◆		◆		◆		◆	◆	◆	◆	

At the retreat, the following elements and themes were identified as critical to achievement of the partnership vision.

- Supports for individual self-determination.
- Opportunities for development of personal relationships.
- Comprehensive and universal community accessibility.
- Universal and lifelong disability awareness.
- Public policy that supports inclusive communities and integrated systems.
- Coordination among disability groups.
- Communities with the capacity and resources to support IL.
- Seamless service delivery.

On the basis of these themes and elements, the IL and community partners have established six core partnership strategies, which have been adopted as the SPIL goals. There is the realization that these strategies set a very comprehensive agenda which will only be achieved through long-term efforts over several years. A partnership design team has been developed for each of the goals. Each team will annually obtain partnership commitments and develop a workplan of lead responsibilities and specific objectives for the coming year. The SPIL Analysis and Review team will assess and review progress in achieving the identified objectives on a quarterly basis. An annual partnership strategic retreat will address further development and expansion of the goals and objectives.

The six goals are:

1. A statewide partnership coalition.
2. Broader community building and connecting efforts.
3. Civic involvement and public policy development.
4. A collective education and marketing campaign.
5. Improved information and referral systems and practices.
6. Responsive community supports and services.

The 2002-2004 SPIL activities are designed to result in continuous improvement in the capacity, efficiency, and impact of IL programs, supports, and services to meet consumer needs and achieve the Title VII goals of "integration and full inclusion of individuals with disabilities into the mainstream of American society".

The critical elements along with goals and the FY 2002 objectives are further described and detailed as follows:

Supports for Individual Self-Determination:

People with disabilities need to have real choices and control over resources as required to support self-determination. Service delivery systems need to provide customized personal support services that are readily available, reliable, of high quality, and user friendly. Funding needs to be available to support these choices. The focus needs to be on integrated lifetime transitions, with unified person-centered planning that meets the desires and needs of the individual.

- Response:*** ➤ ***Broader community building and connecting efforts***
➤ ***Responsive community supports and services***

Opportunities for Development of Personal Relationships:

To be truly inclusive, communities need to provide opportunities to develop personal relationships that enhance and support a sense of personal value, personal decision-making, self-governance, and fulfillment of personal goals.

- Response:*** ➤ ***Broader community building and connecting efforts***
➤ ***A collective education and marketing campaign***

Comprehensive and Universal Community Accessibility

Communities need to provide comprehensive freedom of mobility for all citizens. This includes, but is not limited to, integrated and accessible opportunities in housing, public and private transportation, education, employment, communications and information, assistive technology, health care, social and recreational activities, and other community programs and services. Emphasis is to be placed on barrier-free and universal design, job accommodations, and universally accessible technology.

- Response:*** ➤ ***Responsive community supports and services***
➤ ***Civic involvement and public policy development***

Universal and Lifelong Disability Awareness

There needs to be genuine community acceptance of people with disabilities as valued members of society, with disability seen as a natural part of human experience. Education and information on disabilities and their cultures should be comprehensively integrated throughout all levels of society. This includes emphasis on people with disabilities feeling valued and accepted, being self-governing, and having opportunities to develop personal relationships.

Response: ➤ A collective education and marketing campaign

Public Policy that Supports Inclusive Communities and Integrated Systems

Public policy needs to consistently reflect the values of integrated systems and personal accessibility. It should recognize disability as a natural part of human experience, identify potential impacts upon people with disabilities, and make provisions to assure that all persons have equal opportunity to achieve Independent Living.

Response: ➤ Civic involvement and public policy development

Coordination among Disability Groups

Efforts around disability issues need to be more visible, cohesive, and inclusive across the state. In order to be successful and create positive change, the IL and community partners need to create a collective voice and promote collective action around issues to reduce duplication and fragmentation among the service systems.

Response: ➤ A statewide partnership coalition

Communities with the Capacity and Resources to Support IL

Local communities need to have access to the resources and supports to take ownership of their own problems and solutions. This includes capacity building for comprehensive organizing at all levels of the community to identify needs, create local solutions, and undertake bold actions to overcome barriers and achieve their local inclusive visions.

- Response:*** ➤ ***Broader community-building and connecting efforts***
➤ ***Improved information and referral systems and practice***
➤ ***Responsive community supports and services***

Seamless Service Delivery

Service delivery systems need to be integrated, providing single points of entry for needed information, supports, and services. Linkages and coordination are needed across different programs, and across the full range of local/regional/state/federal program operations. The individual must be able to have direct contact with a person who can assist in accessing needed community supports and services. Emphasis is to be placed on holistic person-centered planning and individual self-determination.

- Response:*** ➤ ***Broader community building and connecting efforts***
➤ ***Improved information and referral systems and practice***
➤ ***Responsive community supports and services***

The six core partnership strategies which form the SPIL goals for FYs 2002-04 are presented on the following pages. “***Goal***” reflects the strategy, providing a statement of what the partners intend to achieve. “***Rationale***” explains the reasons the strategy is included in the SPIL. “***Objectives***” reflect the specific measurable activities identified by the partners. “***Evaluation measures***” specifies what will be used to measure collaborative achievement of the objectives.

1. A Statewide Partnership Coalition

Goal: Development of a statewide partnership coalition around disability issues that is visible, cohesive, and inclusive across the state. This will include IL and participating community partners.

Rationale: Interviews were conducted with twenty-six key disability leaders and advocates within Michigan to understand their perceptions of the SILC partnership. There was substantial consensus on the need for a broader disability partnership in Michigan in order to be successful and create positive change. According to the interview participants, partnership efforts around disability issues need to be more visible, more cohesive, more active, and more inclusive across the entire state. The priority needs are to build the capacity of disability leaders and advocates to engage in partnership activities, enhance their inter-group relationships, create an effective organizational process and structure, and focus on joint programs and activities that bring about real change in meeting identified needs.

Objectives:

- A. **Legislative:** Organize and facilitate a statewide “Disability Congress” to further develop a statewide disability agenda. This will facilitate the update and expansion of the “Common Ground 2001: Michigan’s Disability Agenda”.

Evaluation measures – Holding of the Congress and production of a collaboratively developed and supported “Disability Agenda” document.

- B. **Education/Training:** Stimulate and support events and mechanisms to build a collective wisdom in the disability community and share information among the IL and community partners. This will include educational opportunities for mutual awareness of each other’s disability arenas, and expanded opportunities in distance learning

Evaluation measures – Identified events, mechanisms, and participant evaluations

- C. **Communication:** Create a formalized Internet communications link for ongoing dialog among disability community partners, including opportunities to develop shared positions and impact statements. Provision is to be made for alternate communications links for those who do not use the Internet.

Evaluation measures – Internet list-serve, alternative mechanism for non Internet users, records of use, and participant evaluations.

D. *Multi-Cultural Inclusion:* Obtain affirmative commitment by the IL Partners to plan and establish comprehensive programs of education, advocacy, and awareness to promote community access and participation by people with disabilities from all cultures. This will include the SILC providing leadership by making all its activities culturally responsive and appropriate so all people with disabilities can achieve equity of access, full participation, and the ability to benefit from their involvement. Specific steps will be taken to identify unserved and underserved constituencies and invite their participation in the IL/CIL Network. Activities will also be directed to building awareness and linkages to non traditional partners.

Evaluation measures – Identified multicultural involvement in IL and disability community activities, supports, and services

E. *Enhanced Community-Based Communication and Linkage of Statewide Partnership Initiatives:* Expand capacity of the statewide IL/CIL Network to serve as a community-based link for significant policy and program initiatives undertaken by the statewide partnership coalition. Currently, some of these initiatives involve: recruitment for the Youth Leadership Forum; marketing and implementation of the AT Loan Fund and the Michigan Coalition of Benefits Planning, Assistance, and Outreach; grassroots mobilization for the MIJob Coalition; publicizing and facilitation of Disability Voice Town Hall Meetings; and, local collaboration in long-term care initiatives developed by the partners.

Evaluation measures – Identified collaborative partnership initiatives and community linkages

Generalized Timeframes:

FY 2002 – Establishment and operation of supports and mechanisms to carry out partnership objectives.

FY 2003 – Demonstrated results in achieving the partnership objectives.

FY 2004 – Expanding systems change leading to increased achievement of partnership objectives.

2. Broader Community-Building And Connecting Efforts

Goal: Development of a statewide initiative to engage communities in expanded community-building and connecting efforts that use existing community systems to overcome barriers, develop community capacity, and increase community inclusion of people with disabilities.

Rationale: Community-centered planning, coordination, and capacity-building are essential. Coordination of supports and services has to be done at the local community level. All consumers and other stakeholders in the community must be included in working around a common goal of blended services and systematic community inclusion. Partners need to build their collaboration and cooperative working relationships around each other's expertise and competency. The desired results are efficient, creative, and cost effective delivery of supports for successful community inclusion of individuals with disabilities.

Objectives:

- A. Education:** Involve individuals with disabilities in identifying, recruiting, and educating community leaders.

Evaluation measures – Reports of local initiatives and number of persons involved. Number of persons with disabilities identified as community leaders, such as those on local boards, commissions, and decision-making bodies.

- B. Community Integration:** Promote local mentoring relationships that connect developing disability leaders with key community partners who can provide mentoring on effective civic involvement, community capacity building, and systems change.

Evaluation measures – Reports of local mentoring relationships and feedback from developing leaders

- C. Leadership Integration:** Involve developing disability leaders in established leadership training and development programs. This includes programs from sources such as chambers of commerce, county and city leadership institutes, and specialized leadership forums.

Evaluation measures – Reports on numbers of developing leaders involved, and feedback from program participants

- D. *Curriculum Integration:*** Work for inclusion of disability awareness and IL principles in all orientation and training curricula for community-based programs. This includes the full variety of community programs such as local leadership development programs, orientation and training of public service workers (including public and private transportation personnel), orientation and training of precinct workers, and specialized community college workshops.

Evaluation measures – Number of reported curriculum changes

- E. *Development of Local IL/CIL Network Affiliation:*** Identify and develop disability leadership cadres in communities not currently affiliated with the IL/CIL Network. The purpose is to develop and provide local disability community leadership, establish an IL presence in the communities, and to develop plans for affiliation of the communities with the statewide IL/CIL Network.

Evaluation measures – Identified community leadership cadres and resulting proposals for affiliation with the statewide IL/CIL Network.

- F. *Expansion of Statewide IL/CIL Network:*** Develop expanded capacity of the IL/CIL Network to meet underserved and unserved needs within the CILs' identified service areas. This includes community development and consumer supports and services, in both rural and urban areas.

Evaluation measures – Identified patterns of funding and service provision, and analysis of unmet consumer needs.

Generalized Timeframes:

FY 2002 – Recruitment of potential disability leaders, identification of barriers to their involvement, and initiation of leadership training and mentoring initiatives.

FY 2003 – Development of disability leadership capacities and initial movement of individuals into established leadership roles.

FY 2004 – Continuation of leadership development and mentoring activities, and initial evaluation of resulting impacts and systems changes.

3. Civic Involvement and Public Policy Development

Goal: Promote initiatives to increase participation of the disability community in public policy processes. This includes ways to provide effective and timely disability response to pending public policy decisions.

Rationale: To be effective in changing public policy, the disability community must be able to provide organized responses and initiatives to address identified issues. Policy impact depends on rapid, effective, dependable, and competent actions. The disability community needs to become more active and united in policy-making processes and bring together a broad base of knowledge, skills, and expertise. There is power in numbers, especially when a coalition is cohesive and speaks in one voice. Cohesiveness is especially important in the disability community because other sources of influence, such as wealth and status, are rarely available.

Objectives:

A. *Education of Persons with Disabilities in Public Policy Processes:* Promote programs to increase the knowledge, understanding, and skills of persons with disabilities in civic involvement and public policy processes.

Evaluation measures – Number of persons participating in training and development opportunities, and participant feedback.

B. *Voter Registration and Turn-out:* Increase the numbers of individuals with disabilities who are registered and vote. This includes increasing the accessibility of voting sites and processes.

Evaluation measures – Reports on number of persons with disabilities registered through disability organizations, and the number of accessible polling places.

C. *Public Policy Impact Statements:* Encourage and support the development of position statements on the impacts upon people with disabilities of needed or pending change in public policy. This includes promoting exchange of information about public policy issues, stimulating action to develop responsive position statements, and participating in their development.

Evaluation measures – Number of position statements produced.

D. *IL/CIL Network Systems Change Role:* Continue to expand participation of the statewide IL/CIL Network and its members in identifying and bringing about needed public policy and systems change.

Evaluation measures – Number of issues identified and impacts reported.

Generalized Timeframes:

FY 2002 – Continued development and refinement of the civic involvement and public policy initiatives

FY 2003 – Expanded promotion of civic involvement and public policy initiatives

FY 2004 – Ongoing evaluation of results and expanded efforts to assure consistency of continued civic involvement and public policy activity

4. A Collective Education and Marketing Campaign

Goal: Undertake a collaborative education and marketing campaign to remove apprehension and stigma related to disability and to increase perception and awareness of people with disabilities as full-functioning citizens of Michigan.

Rationale: There are entrenched negative attitudes about people with disabilities. The larger community is unaware of the IL/CIL Network and how to link up to it. These attitudes need to be addressed through a collective marketing campaign which promotes disability awareness and a positive image of disability, develops a better understanding of disability cultures within the schools, disseminates statements about impact of key issues upon people with disabilities, and makes available a shared database of stories of people with disabilities. The approach is to reflect that disability is not “special” or that only special services are capable of addressing their needs, but that persons with disabilities are valued members of society.

Objectives:

- A. *Awareness Training in Schools:*** Have individuals with disabilities become visible participants in all aspects of school operations, and increase disability representation in school texts and curricula.

Evaluation measures – Disability involvement in school activities as reported by CILs and other consumer organizations, and analysis of school texts and curricula.

- B. *Collective Marketing Campaign:*** Identify and contract for the development of disability awareness public service announcement spots for local use. Also, identify and use available spots from other national and regional sources.

Evaluation measures – Developed statewide PSA spots, the number of times they are shown, and the number of locally replicated spots.

- C. *Disability Impact Issues Statements:*** Disseminate statements generated by the IL Partners and others, identifying the probable impacts upon people with disabilities of existing and proposed public policy.

Evaluation measures – Published impact statements, and dissemination records.

- D. *Compilation of Disability Stories and Shared Realities:*** Compile and make available to all IL partners a collection of disability articles, stories, tapes, and video clips that demonstrate the shared realities of people with disabilities.

Evaluation measures – Catalog of collected materials, and record of use.

- E. *IL/CIL Network Public Education and Information Role:*** Increase local coordinated activity of IL/CIL network in presenting public information and education regarding people with disabilities and the disability experience.

Evaluation measures – Reports of local activity, including newspaper articles, stories, tapes, and video clips of local activities.

Generalized Timeframes:

FY 2002 – Development of initial statewide public education and information structures, and initial compilation of materials.

FY 2003 – Expansion of statewide and local activities.

FY 2004 – Emergence of standardized public education and information approaches and materials for statewide and community use.

5. Improved I&R Systems and Practices

Goal: Development and implementation of improved information and referral (I&R) systems and practices that will link delivery systems for individuals with disabilities in a way that will provide holistic responses to individual needs.

Rationale: I&R is a universal service, reported by consumers to be of high priority. For individual consumers, I&R can be a key to empowerment, supporting them in solving their own problems. As a result, it is one of the required Core Services for CILs. It is also an integral component of all other service delivery systems. Potentially, systems could use I&R as a tool for strategic planning, coordination across diverse systems, negotiation of shared supports and services, outreach to unserved or underserved populations or areas, and advocacy for systems change. Despite its acknowledged importance, consumers continue to report great difficulty in obtaining responsive I&R. Changing the way I&R is organized and delivered has been selected as a SPIL strategy for effecting change in service delivery systems. The collaborative plan is to promote improvement of I&R as a way of developing more responsive programs and seamless service delivery.

Objectives:

- A. *Presentations to Partners:*** Provide orientation and training presentations to all possible partners. These will be designed to expand understanding of I&R services and ways they can be used, and to stimulate consideration of possible changes in I&R systems and practice.

Evaluation measures - Presentation outlines and participant evaluations.

- B. *Improved I&R Program Model:*** Develop an improved model of I&R as a community network phenomenon. This will include recognition of I&R as a core IL empowerment service, as a strategic planning tool, and as a significant human investment.

Evaluation measures – Program paper on IL model and partner responses.

- C. *Permanent Statewide I&R Resource:*** Build a permanent, successful statewide I&R Internet resource. This will be done using the Community Assistance Technology Councils and existing partner networks.

Evaluation measures – Collaborative agreements and Internet sites.

D. *Orientation and Training of I&R Staff:* Develop and provide orientation and training of I&R staff. This will include staff of CILs and other IL partners, and will reflect the improved I&R practices.

Evaluation measures – Orientation and training outlines and participant evaluations.

E. *I&R Partnerships with Business:* Develop partnership initiatives with business to identify and adapt successful database and information management practices for use with I&R. Initiatives can also extend to other partners such as libraries, 211 and 911 service systems, news organizations, intelligence organizations, and community collaborative bodies.

Evaluation measures – Business partnership agreements and implemented systems applications.

F. *Local Community Resource Navigators:* Develop local community resource navigators (i.e., computer system information locators) for disability-related issues and resources.

Evaluation measures – Inventory of local community resource navigators, and user evaluations.

Generalized Timeframes:

FY 2002 – Initial implementation of improved I&R systems and practices.

FY 2003 – Evaluation of improved I&R systems and practices. Update of improved I&R systems and practices, as appropriate. Continuing progressive implementation of improved I&R systems and practices.

FY 2004 – Ongoing evaluation of improved I&R systems and practices. Continued update of improved I&R systems and practices, as appropriate. Continuing operation of improved I&R systems and practices.

6. Responsive Community Supports and Services

Goal: Increased comprehensiveness and availability of community supports and services needed for Independent Living to become a reality for people with disabilities. It is meaningless to talk about self-determination and independence if a person's basic personal needs are not met!

Rationale: Self-determination, employment, and independence of people with disabilities require the availability of an array of community supports and services. These should be linked and coordinated in ways that mutually support and promote person-center planning, informed choice, self-governance, and individual self-determination. Linkage and coordination is needed both across different programs and across the full range of local/regional/state/federal program operations. Regardless of the complexity of the programs, supports, or services, the individual must be able to have direct contact with a person who can assist in obtaining needed information and referral to community supports and services. Advocacy should focus on the individual's values, what he/she wants out of life, and how to obtain that. Values must be rooted in the community, and people in the community must determine how they work together. The IL partners can have maximum impact by identifying and using all points of access provided by various programs and systems. There are a variety of ways that individuals or groups can impact each program or system. The challenge is to identify these opportunities and use them in a coordinated manner to achieve shared objectives.

Objectives:

- A. *Disability Voice:*** Continue the coalition collection of public input through local Town Hall Meetings, community assessments, and other appropriate methods.

Evaluation measures – Town Hall Meetings held, community assessment forms received, reports prepared and disseminated, and feedback from local planning committees and report users.

- B. *SILC Focus Groups:*** Continue a series of SILC-convened focus groups to obtain consumer input and recommendations on issues related to IL supports and services.

Evaluation measures – Focus groups held, reports prepared and disseminated, and feedback from group participants and report users.

C. *IL Budget Forums:* Convene an annual forum to comprehensively review the budget plans of state agencies for essential community supports and services, leading to identification of common themes and recommended directions to better address the needs of Michigan's citizens with disabilities. As appropriate, provide reports on findings to the Governor, state agencies, legislators, and other stakeholders.

Evaluation measures – The meeting, report on themes and recommended directions, and feedback from report users.

D. *Critical Community Supports and Services Initiatives:* Support community implementation of program initiatives that build capacity for community supports and services to maximize personal potential for self determination and Independent Living. This addresses a wide array of program initiatives including, but not limited to: Living Well with a Disability; Nursing Home Transition Initiative; Healthy People Initiative; AT Loan Fund; and MIJob Coalition.

Evaluation measures – Identified program initiatives and reported community actions.

Generalized Timeframes:

FY 2002 – Ongoing identification of program initiatives and resulting actions

FY 2003 – Ongoing identification of program initiatives and resulting actions

FY 2004 – Ongoing identification of program initiatives and resulting actions

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Framework for Systems Change section.]

PART C: MICHIGAN’S IL/CIL PROGRAM

Content of This Section

	(Page)
1. Program Overview.....	36
2. Establishment of IL/CIL Network.....	38
a. Structure of the IL/CIL Network.....	40
b. Description of Current Network.....	43
c. Michigan Network Vision/Design	45
d. Policy for Network Grants	45
(1) Core Funding Grants	45
(2) Collaborative Grants	46
(3) PAS Reimbursement Grants	46
(4) Application Requirements.....	47
(5) Evaluation of Grant Applications	47
e. Policy for Network Development	50
(1) The Benchmarks.....	50
(2) The Business Plan	52
(3) Priorities for Expansion.....	53
(4) Onsite Program Reviews.....	56
f. Data Collection and Analysis	58
3. Establishment of OIB Program	61
4. Technical Assistance and Network Support.....	63
5. Coordinated Funding Plans	67

1. Program Overview

Michigan's IL/CIL Program has been established as a way of achieving the IL vision and principles identified in Part A of this document. These call for systems change to bring about community integration and inclusion of people with disabilities. The challenge is to ensure that people with disabilities are fully included, and that supports and services necessary for their full participation are readily available.

The program reflects a multi-layered set of partnerships. At the core are joint working arrangements among the ***SPIL Partners***. The next more inclusive layer extends to collaborations with other ***IL partners***. At the most inclusive layer are cooperative initiatives to achieve shared objectives with ***community partners***, including other public and private agencies that provide supports and services needed for Independent Living. The IL/CIL program seeks to establish comprehensively inclusive community environments that assure each Michigan citizen with a disability has access to needed supports and services within a one-hour drive. The state's IL/CIL Network serves as the anchor for these environments, supplemented and supported by the extended community, as needed to achieve the IL vision.

The Michigan ***IL/CIL Network*** includes ten full-functioning CILs, four developing CILs, and one community with a planning initiative. It also includes two statewide technical assistance and network support organizations. The ***Michigan Association of Centers for Independent Living*** (MACIL) is the association which represents the state's CILs and actively works to strengthen and expand the Network. The ***Statewide Independent Living Council*** (SILC) is the Governor-appointed Council that works in collaboration with the Designated State Units (MRS and MCB) and the state's CILs to plan and coordinate the program.

The two ***designated state rehabilitation agencies*** (MRS and MCB) actively participate in the development and support of IL programs and services, including joint development of the State Plan for Independent Living and support of the SILC resource plan. They do, however, have different roles in providing Independent Living services.

MCB supports itinerant rehabilitation teachers to provide IL skill instruction to older blind individuals statewide. The MCB role in providing IL services is reflected in agency services reports submitted annually to the federal Rehabilitation Services Administration. (Copies of these reports are available upon request.)

MCB uses Title VII, Part B funds, Title VII, Chapter 2 funds, and appropriated state funds to provide services to over 1,000 ***older individuals who are blind (OIB)*** annually. These funds support the activities of IL specialists in the Upper and Lower Peninsulas, and provides limited case services for the purchase of adapted aids and appliances. MCB's innovative practices in IL programming include the use of audiology and optometric interns for in-home screenings, one-week regional group training experiences, and VIVA (Visually Impaired Volunteer Assistants) volunteer training programs.

The direct service role of **MRS** related to IL is focused on assisting Vocational Rehabilitation clientele in identifying IL needs and making arrangements for specific supportive services. Under the service definitions contained in the Rehabilitation Act Amendments of 1992, many of these services are appropriately authorized as part of an individual plan for employment (IPE) for persons eligible under the ***Title I Vocational Rehabilitation program***. Others are provided under contractual arrangements for services that contribute to the rehabilitation of a group of individuals but are not directly related to the IPE of any one individual. Some service needs are identified through the IPE, and are met through referral to CILs or other service resources.

Technical assistance and other network supports are provided through cooperative working agreements among the IL partners. These include the CILs, their association, the Michigan Association of Centers for Independent Living (MACIL), the Statewide Independent Living Council (SILC), the Michigan Disability Rights Coalition (MDRC), MCB, and MRS at both the state and local levels.

2. Establishment of Statewide IL/CIL Network

a. Structure of the IL/CIL Network

The SPIL Partners are committed to establishing a statewide IL/CIL network that affords every Michigan community and citizen ready access to IL supports and services requiring no more than a one-hour drive. Although it represents substantial progress toward achievement of the goal, the existing Network has not yet achieved coverage of all portions of the state or capacity for consistent provision of supports and services to all communities and citizens.

Collaborative efforts over a number of years have resulted in ongoing development of a structural framework. This framework is useful in identifying and analyzing current network development and capacity, and in planning for future network development and expansion. The framework addresses three network dimensions:

- The *organizations* that make up the network.
- The *service areas* identified by each organization.
- The *levels of service availability*.

The framework and its definitions are designed to provide a way to identify the major characteristics of the organizations, the service areas, and the levels of service availability. Because it is community-based and developmental in nature, the IL/CIL Network reflects great diversity and almost infinite gradations. The organizations are at significantly different levels of development. Each service area is composed of a diverse array of communities, ranging from those that are well-established as parts of the service area, to those that are developing, to those that are planned, and to those that are identified only as potential parts of the service area. Similarly, the levels of service availability within each service area vary significantly for different communities, needs, and populations.

Recognizing the many gradations and differences among the local and state organizations, five general types of organizations are identified which may receive IL/CIL grants. These include:

- Full-Functioning CILs
- Developing CILs
- Planning Initiatives
- Unaffiliated Communities
- Statewide Technical Assistance and Network Support Organizations

The CILs identify their service areas in relation to communities or community groupings, in terms of accepted geographical boundaries such as counties, townships, and census tracts. The service areas for the individual CILs include their full planned service areas, both those currently being served and those for which the CIL has plans for future development. They include:

- CIL Primary Service Area
- CIL Outreach Areas

Each service area can also be identified in terms of the availability of IL supports and services related to community and consumer need. This can address identified geographic areas, categories of need, or consumer populations within either a primary or outreach service area, or (in some instances) an adjoining unaffiliated community. The level of IL service availability can be identified, as follows:

- Served
- Underserved
- Unserved

A full description of this structure, including a comparative profile of the three levels of service availability, is included in the Supporting Information.

b. Description of Current* Network

Michigan presently has nine (9) federally funded full-functioning CILs that meet federal CIL standards; one (1) state-funded full-functioning CIL which meets federal CIL standards, and five (5) state-funded emerging CILs in various stages of development which do not yet meet all federal CIL standards. Two of these emerging CILs have been established and funded as part of the network for the past four to five years, with the other three being in the first year of development.

- The ten full-functioning CILs provide supports and services to a total of 20 counties included in their primary service areas, reaching about 39% of the state's population. They also provide limited supports and services in designated outreach service areas, including an additional 13 counties and about 43% of the state's population.
- The five developing CILs are working to establish their capacities to serve a total of 32 counties including about 13% of the state's population.
- Altogether, the 15 IL/CIL organizations include about 26% of the state's population in served areas and 36% in underserved areas. This leaves 38% of the state's population unserved.
- In terms of geographic area, the 15 IL/CIL organizations include 48 counties in their actual or planned primary service areas, and another 17 counties in actual or planned outreach service areas. This leaves 18 counties currently not affiliated with the IL/CIL Network.
- Most of the Network's current capacity is committed to the identified primary service areas. Of the \$3.4 million in core funding received by the 15 organizations in FY 2001, they report using \$3 million for their primary service areas, leaving only about \$400,000 for the outreach areas.

* CIL service area figures updated 7/9/2001

The network of consumer-directed, non-profit, community-based CILs is the ***primary delivery system for cross-disability IL supports and services***, including both community services and individual services. The scope and extent of supports and services are comprehensive in approach, although still limited in resources and geographic availability. Each CIL identifies in its annual performance report the specific supports and services it provides. All ten full-functioning CILs provide the core services of information and referral, individual and systems advocacy, IL skills training, and peer services. Each developing CIL is striving to build its capacity to provide these core services. In addition, the CILs provide an array of other supports and services locally identified to be needed. The comprehensiveness of the supports and services is reflected in the service reports which are submitted by the CILs to MRS, the federal Rehabilitation Services Administration, and the state legislature.

The CILs use a variety of ***funding sources*** for the supports and services they provide. Within the limits of available resources, costs of supports and services which are not covered under other arrangements are charged against the federal and state core funding received by the CILs.

The largest portion of ***core funding*** for basic support of the Network comes from state funding in combination with state-administered federal Title VII, Part B funding. Substantial core funding is also provided through direct federal grants from Title VII, Part C federal funds. The state-administered funding is allocated as needed to assure consistent core funding across the network. With a small increase in federal Title VII, Part C funding for FY 2002, core funding received by each of ten full-functioning CILs will reach the current target level of \$300,000. In total, it is expected that FY 2002 Network core funding for 17 organizations (the 15 IL/CIL organizations along with MACIL and SILC) will include about \$2 million in state funding, \$385,000 in state-administered federal funding, and \$1.6 million in direct federal funding.

A variety of specific ***service contracts*** are negotiated at the local level between individual CILs and the designated rehabilitation agencies (MRS and MCB) or other community agencies. Local MRS District Offices, MCB assigned staff, and the CILs often work in close collaboration, making extensive use of community resources to meet locally determined needs. All 14 CILs with service delivery capacity engage in contract arrangements with MRS for the provision of services in support of the agency's VR program. Several of the CILs have entered into agreements with MRS for the provision of special services under Community Rehabilitation Program ("facility") or Innovation and Expansion grants. Similarly, some of the CILs have initiated supports and services under grants from the state's assistive technology ("Tech Act") project and Medicaid Home and Community Based Waiver. A major recent CIL network initiative has been a series of projects to help people move out of nursing homes into the community.

Supports and services are also provided by the CILs on a ***fee-for-service basis***, reimbursement being provided by the designated rehabilitation agencies (MRS and MCB), the Family Independence Agency, Community Mental Health agencies, private insurance companies, or other third-party payers. All of the CILs provide some supports and services identified under other local funding arrangements.

Even without adequate resources (i.e., "full core funding"), the CILs have demonstrated ***significant impact*** in delivering IL supports and services, and increasing IL options for people with disabilities in their primary service areas. Additionally, the CILs serve some individuals in their underserved outreach areas, and occasionally even in adjoining unaffiliated areas, although they have limited capacity to do this. For FY 2001, it is expected that the CILs will provide a total of 88,500 hours of community services and have 27,500 persons participate in CIL supports and services.

More detailed information on the current status of the IL/CIL network is presented in Supporting Information.

c. Michigan Network Vision/Design

The SPIL Partners believe CILs need to grow from grass-root community initiatives. To help developing CILs move systematically to achieve the federal CIL standards, Michigan has established benchmarks for the developmental process and a business-planning outline. This approach provides for planning and development phases during which the growing organization establishes its community presence, its operating systems, and its capacity to provide core services and meet the federal CIL standards.

Michigan's plan for IL/CIL network development, as outlined in this SPIL and related state legislative reports, is based on several long-standing *principles*:

- Development of the state's plan for the IL/CIL network is coordinated by the SPIL Partners, in collaboration with MACIL and MDRC, with the CILs and MACIL leading efforts to obtain added state resources.
- Annually, SPIL partners assess network needs and prioritize how state-administered funds can be coordinated with federally administered Title VII, Part C funds to most effectively support operation and expansion of the Network.
- To the maximum extent possible, available resources are coordinated to assure a minimum equity of core funding for all full-functioning CILs. The current goal is to assure each full-functioning CIL a minimum of \$300,000 a year in combined federal/state core funding.
- Priority is also given to meeting growing needs of developing CILs based upon their progress in achieving the Developmental Benchmarks and moving toward compliance with federal standards.
- To respond to the needs of CIL initiatives now operating in several communities, increased priority is given to identifying and supporting technical assistance and training to help assure the success of their efforts.
- As resources become available, opportunities will be given for currently unserved communities to begin initiatives to join the Network.

- Finally, in any consideration of reallocating resources, care is taken to assure that no currently funded CIL is harmed.

The long-range vision is to have a statewide network that makes IL supports and services available within a one-hour drive for any Michigan citizen. The expectation is that the Network will include a mix of CIL central offices, branch offices, satellite offices, and (perhaps) other affiliation arrangements. Each CIL will be receiving combined federal and state core funding equal to the established Michigan base core funding level, supplemented by additional core funding needed for outreach areas and unique local circumstances or needs.

d. Policy for Network Grants

(1) Core-Funding Grants:

Core funding grants from federal Title VII, Part B funds, state matching funds, and state-appropriated core funding are made available to help with the costs of establishing and maintaining a statewide network of CILs that meet the standards specified in Title VII, Part C (Section 725), and have capacity to provide IL Core Services to their service area.

Three types of Core Funding grants are provided. ***Continuation grants*** are provided to support the operations of full-functioning CILs.

Planning and Development grants are provided to help unaffiliated communities establish planning initiatives to join the IL/CIL Network, and to carry out their plans. ***Technical Assistance and Network***

Support grants are provided to assure statewide information, program design and planning, training, and other supports needed for successful operation of the network, including the operation of SILC.

(2) Collaborative Grants

Collaborative grants are issued from federal Title I funds matched either by state funds appropriated for the Michigan IL/CIL Network or by donated “cash match” funds. They support collaborative programming, planned and carried out at the community level to achieve mutual program objectives. This includes finding new ways that local CIL and MRS staff can expand IL services to support pre-vocational and vocational goals of previously unserved or underserved consumers. State-level collaborative programming may also be supported, as appropriate to strengthen and improve local programming on a statewide basis.

Because they are funded under Title I, all Collaborative grants must link to the MRS District Business Plan^{*}, support the agency’s Vocational Rehabilitation program, be consistent with Workforce Development Board strategic plans, and contribute to the achievement of employment outcomes. A jointly developed partnership agreement

* - For statewide grants, to the MRS strategic directions and/or the Community Development Division’s business plan.

must specify the community and consumer needs to be addressed, the activities and/or services to be provided, and (if appropriate) the MRS consumers to receive services.

(3) Personal Assistance Services (PAS) Reimbursement Grant

The PAS Reimbursement for Employment Program (PASREP) provides payments to individual consumers to assist them in employing personal assistants. It was designed to increase options for people with disabilities to accept employment opportunities and develop their full potential for Independent Living in the least restrictive environment. CILs throughout the state accept applications, determine the eligibility of applicants for benefits, authorize reimbursement payments, and monitor program operations. The program is currently managed on a statewide basis by the Ann Arbor CIL.

(4) Application Requirements

Based on negotiations and decisions by the SPIL Partners in consultation with MACIL, an annual request for applications (RFA) is issued for the IL/CIL program grants. Each CIL or IL/CIL organization is asked to submit a single, comprehensive application including all IL/CIL grants. The application includes information on:

- Organizational description
- Service area description
- Program description
- Grant information (including grant budgets)

CILs are expected to meet the national CIL standards and indicators, as specified in Section 725 of the Rehabilitation Act. Developing CILs are expected to be moving toward achievement of the standards and indicators. All CILs that are providing significant supports and services are expected to complete and use the federal Section 704 annual performance reports as the core of their continuation grant applications. Each application must identify primary and outreach service areas; consumer populations served; unserved and underserved areas, categories of need, and/or populations (including minority populations); and, plans for outreach to those which are unserved or underserved.

(5) Evaluation of Grant Applications

In looking at implementation of the expanding IL/CIL Network in Michigan through combined resources of state and federal funding, the SPIL partners have been committed to achieving a state grant review process which reflects the IL/CIL principles and creates a “needs based” approach. This approach provides for identification of specific Network needs and allocation of resources to meet those needs, in accord with the principles established by the SPIL Partners for Network development. The state grant allocations of FY 2001 were done in an open process where grant reviewers had presentations by applicants with a question and answer period. This was especially helpful with new developing communities.

The SPIL partners have made further changes to the state grant process for FY2002. The basic approach has applicants complete: 1) a ***continuation grant application*** at a base level of current grant plus a cost-of-living and or/minimum development adjustment; 2) a ***first tier contingency proposal*** for a small grant increase to the “next step” of development or outreach; and 3) a ***second tier contingency proposal*** for a larger grant increase to the second “next step” of development or outreach.

Funding levels for the continuation grant and contingency proposals reflect a flexible, bracketed approach. The base continuation funding level for FY 2002 is built upon the current grant plus a 2% COLA.

All FY 2002 continuation grant proposals (including base continuation proposals, first tier contingency proposals, and second tier contingency proposals) will be reviewed, competitively scored, and ranked by grant review teams convened for that purpose. Three teams will be used for grant review – one for the ten continuation grants, one for the five planning and development grants, and one for technical assistance and network support. In accord with established MRS policy and process, each team will be a multi-cultural, geographically diverse group of persons representing consumer, public, and private interests across the state, including representatives of MRS, the SILC, MCB, the Michigan Rehabilitation Council, consumer advocacy organizations, and consumers.

The process will allow for each team to initially review applications and prepare questions, which will be forwarded to the applicants for responses. A dialog between the applicants and teams will take place. Each team will review the base continuation applications for compliance and consistency with SPIL network plans and achievement of CIL standards. Next it will review and score first and second tier proposals in relation to standard evaluation criteria. Finally, to the extent it can, each team will prioritize the applications within each tier. If appropriate, this may be done in terms of priority groupings rather than individual priority lists. The team's programmatic and funding recommendations will be provided to the SPIL Partners for decision making, with copies to the applicants.

The SPIL Partners will make final funding decisions. The general approach will be first to assure that base continuation needs are met. Then, depending upon the funds still available, determination will be made of the extent to which contingency needs can be met.

The appropriated IL/CIL funds will be distributed based on the collaborative funding plan, with priorities identified through the above-described process. Performance expectations of existing CILs will be based upon the Title VII statutory standards and indicators. Development of new CILs will be conducted in accord with the Benchmarks, on the basis of competitive applications. Priority will be given to those areas that have demonstrated leadership potential

This process is directed to the development of a statewide IL/CIL network to carry out the vision and standards specified in Title VII, Chapters 1 & 2. They are also directed to the development of CILs that fully meet the federal CIL standards and assurances of Title VII, Section 725.

Scoring will be based on the following evaluation criteria:

<u>Evaluation Factor</u>	<u>Scoring</u>
1. Nature and extent of the demonstrated community need.	up to 15 points
2. Extent to which the proposal advances or promotes the IL/CIL philosophy, including: a. Consumer control b. Development of peer relationships and role models c. Self-help d. Self determination e. Equal access of individuals with disabilities to society f. Individual and system advocacy g. Cross disability h. Community-based	up to 20 points
3. Feasibility, appropriateness, and likelihood of success of the proposed FY 2002 plans.	up to 15 points
4. Adequacy and appropriateness of the total budget and the requested grant to support the proposed plan of activities.	up to 15 points
5. Potential of the proposal to strengthen the CIL's or network's capacity to provide the IL Core Services of: a. Information and Referral b. Individual and Systems Advocacy c. Peer Supports and services, and d. IL Skills	up to 15 points
6. Potential of the proposal to advance the development of a statewide IL/CIL network, in accord with provisions of the State Plan for Independent Living.	up to 20 points
TOTAL POSSIBLE SCORE	up to 100 points

e. Policy for Network Development

Michigan's approach to grassroots growth of IL/CIL organizations is addressed through a comprehensive set of *developmental benchmarks, a business plan outline, a collaborative process for setting priorities for Network expansion, and onsite IL/CIL reviews.*

(1) The Benchmarks

MACIL took the lead in creating the "Developmental Benchmarks" to identify the developmental stages of the CILs and the types of technical assistance and funding that they may require. The Benchmarks identify the essential elements in affiliating with the IL/CIL Network and developing an IL/CIL organization, and arrange these elements into a structure that permits easy summary of progress. A full description of the Benchmarks is provided in Supporting Information. As currently updated, the 10 Benchmarks are:

Benchmark 0. — Unaffiliated community with no developed interest in affiliation with the Network.

Benchmark 1. — Development of initial interest within an unaffiliated community.

Benchmark 2. — Establishment of local leadership and an expanding, organized IL presence.

Benchmark 3. — Systematic issue identification.

Benchmark 4. — Prioritization of issues and development of action plans.

Benchmark 5. — Initial development of business plan for affiliation with the Network.

Benchmark 6. — Implementation of a permanent organizational structure.

Benchmark 7. — Development of capacity for local resource development.

Benchmark 8. — Establishment of staffed office and implementation of business plan.

Benchmark 9. — Full-functioning CIL with service areas in process of development.

Benchmark 10. — Full-functioning CIL with fully developed service areas.

The Benchmarks reflect Michigan's twenty-six years experience with developing CILs. Although the process is unique for each CIL, the Benchmarks identify what have been seen as common elements in the development of successful CILs. The process may begin with two people talking about what people with disabilities in their community need to be more independent and self sufficient. From this small beginning, a successful CIL progressively develops capacities and resources based upon its local community need and environment. For example, an urban area will accomplish the Benchmarks in very different ways than a rural area.

A given Benchmark may be accomplished within a few months, or may take up to three years or more to complete. Successive benchmarks may be addressed simultaneously. No CIL progresses neatly through Benchmarks from 1 to 10 in the same timeframes. A developing CIL may find itself working on elements of several different Benchmarks at the same time. The Benchmarks are not presented as mandates, but as guidelines for successful CIL development. They are developmental in nature. During the coming years, the SPIL partners will periodically review the Benchmarks and propose any needed change.

People may apply for Planning and Development grants at any point during this process. For example, in early stages of development, people may find themselves working in both Benchmarks 1 & 2 — working to develop interest and to begin establishing local leadership. In that situation, they could request a Planning and Development grant to help extend the efforts to develop local leadership and, possibly, to begin issues identification. The amount of funding in benchmarks 3-8 would be based on the magnitude of the group's plan (single vs. multiple issues), the experience of the group, and other defining factors.

Further detail on the Benchmarks is provided in Supporting Information.

(2) The Business Plan

All IL/CIL Planning and Development grants are expected to relate to a local business plan. In its earliest stages, a group wishing to develop IL supports and services within its community can apply for an initial Planning and Development grant to help with the costs of *developing* a business plan. At later stages of development, the group can apply for a Planning and Development grant to *carry out* its business plan. The business plan is expected to provide focus and continuity throughout the full period of planning and development - - a period which, depending upon local community circumstances and available resources, can extend from three to five or more years.

The business plan is a written picture of the project or program. It helps the organization work through and organize what it is going to do and how it plans to do it. The business plan tells other people about the organization's plans, letting them know that the organization is serious about the project, and that sufficient time has been taken to consider all the pieces. A business plan can serve the IL/CIL organization in a number of ways:

- A guide to help plan, set up, and run the IL/CIL organization.
- Illustration to partners and funders of needed assistance and supports. This includes funding as well as technical assistance, training, and other needed supports.
- A boilerplate that can be used for fund-raising proposals.
- Background material for staff and volunteers.
- Documentation accompanying the yearly financial review or audit.
- A basis for developing IL/CIL budgets for ensuing years.

Each IL/CIL organization should reexamine its business plan annually. Community changes or experiences may dictate changes or require that certain sections be completely rewritten.

The questions in the IL/CIL business plan outline are intended to help an IL/CIL organizations work through all aspects of its development. Depending upon the particular situation, some of them may have more or less relevance.

An outline of the IL/CIL business plan is included in Supporting Information.

(3) Priorities for Expansion

Planning for expansion of the state's IL/CIL Network has been conducted for many years as a collaborative effort of the SPIL Partners, in collaboration with MACIL and MDRC. Available resources have been inadequate to support full implementation of the IL/CIL program on a statewide basis. To meet the needs identified through the partnership planning, MACIL has led concerted legislative efforts during recent years. As a result, the Michigan Legislature appropriated an additional \$2 million for CILs during FYs 1999-2001. The added resources have provided increased capacity to build the statewide IL/CIL program, in accord with the vision and standards specified in Title VII, Chapters 1 & 2, of the Rehabilitation Act. At this time, it is expected that the state's CILs will, in total, receive an additional \$359,000 in direct federal funding for FY 2002.

This increasing capacity has presented specific challenges. How can the available resources best be used to progressively improve the state's performance in achieving the IL vision? How can the partners obtain added resources to sustain and further improve IL/CIL performance in future years?

This SPIL includes specific plans for use of resources during FY 2002. Detailed plans for each following year will be developed through a collaborative annual process of comprehensive IL/CIL program budget analysis and planning. Emphasis will be placed upon the needs of people with disabilities and their identified demands for supports and services.

As Michigan moves toward achieving full core funding for established CILs, it is clear this funding is currently used for multiple purposes. The current Core Funding grants support a mix of activities that include: 1) basic establishment and operation of a CIL that meets the national standards and indicators, 2) provision of supports and services to the CIL's primary service area, and 3) development of initiatives and provision of supports and services to unserved and underserved outreach areas.

Recognizing that the SPIL partners have not previously been able to separate core funding used for CIL primary service areas from that used for outreach areas, fiscal year 2001 is a transitional year during which the CILs are identifying their primary and outreach service areas and establishing cost accounting processes to identify how much of the core funding is used for each area. The FY 2002 core funding allocations will more specifically and rationally address both primary service areas and outreach service areas.

Major expectations for Full Functioning CILs during the FY 2001 transition year:

- A. The full-functioning CILs are identifying primary service areas, in accord with MACIL's working definition (i.e. 250,000 population or 4,000 square miles) and consideration of unique local circumstances.
- B. They are identifying specific outreach areas, which are/or plan to be serviced through CIL branch offices or CIL satellites, in accord with MACIL proposed definitions.
- C. They are specifying how cost accounting will be established to identify core funding costs for the primary service area and for each of the identified outreach areas.

Developing CILs During the Transition Year:

- A. Developing CILs are similarly identifying their current and planned primary and outreach service areas.
- B. MACIL and the SILC are providing technical assistance and training to assist the developing CILs in doing this.

SILC and MACIL During the Transition Year:

- A. SILC and MACIL are involved in a collaborative planning process to identify the unaffiliated communities for future CIL planning and development.
- B. They are working to propose the priorities for communities and community groupings for CIL planning and development during FY 2003.
- C. They are also working collaboratively during FY 2001 to: 1) refine and confirm service area definitions; and 2) to identify indicators that can be used to verify the service area classification of communities and community groupings.

These approaches were used when the SPIL Partners met on January 23, 2001 to develop a response to the request of RSA to identify recommended distribution of FY 2001 federal funding which will be issued in FY 2002. Beginning with a review of the current allocation of Title VII, Part C funding in Michigan, the partners considered how added Title VII, Part C funding could be allocated in a way that would be most responsive to needs across the state.

The top priority was determined to be an allocation that would provide cost-of-living increase to each of the nine federally funded CILs, and also add three other areas to the Title VII, Part C funding which have been identified by the partners as priorities within Michigan's CIL Network.

- Genesee County, which has a population of 436,141 and serves an estimated 86,000 citizens with disabilities. The service area ranges from the highly urban and minority populated city of Flint to the more suburban and somewhat less populated areas of Genesee County.
- Upper Peninsula of Michigan, which includes 15 counties with a population of 317,616, of which 45,000 are estimated to be individuals with disabilities. The Upper Peninsula of Michigan is 14,439 square miles and averages 19 people per square mile.

- The upper western section of Michigan, which includes the following counties: Antrim, Benzie, Grand Traverse, Kalkaska, Leelanau, Manistee, and Wexford. These countries have a collective population of 209,463 and cover 7,044 square miles. The estimated population of individuals with disabilities is 72,000.

The Michigan SPIL partners have taken the position that CILs need to grow from grass-root community initiatives. These designated geographic areas have committed consumer groups to bring these efforts to fruition.

As the present system undergoes change, the roles of the IL partners in providing leadership will be increasingly important. The SILC and the DSUs will continue to identify and prioritize the need for IL supports and services, strategies for the establishment of the statewide IL/CIL network, and plans for the allocation of available resources. The CILs, individually and through their association MACIL, will continue their efforts to obtain added resources (including state funding). Collaboration of all partners will be essential to the successful development of the statewide IL/CIL Network and the delivery of effective IL supports and services.

(4) Onsite IL/CIL Reviews

The SPIL Partners recognize the need for periodic onsite visits to community-based recipients of IL/CIL grants. These visits are needed to understand the unique features of each organization and assure that all are receiving the technical assistance, training, and other supports necessary to effectively carry out their missions. Onsite visits provide opportunities for exchange of information between the community and state partners. This includes information on community needs, program visions and plans, and strategies for improving the state's IL/CIL Network. Best practices are identified for dissemination to other partners. For grantees who are not subject to direct federal oversight, the visits also provide assurance and recognition of compliance with federal and state requirements.

The onsite visits are currently conducted separately by individual partners, and are often focused on specific needs. The SPIL Partners are committed to establishing a collaborative process for coordination of onsite visits to the community-based IL/CIL organizations. This will include recognition

and provision of needed resources through the budgets of the participating partners. It is expected that the visits will include participation by the SILC, MRS, MCB, MACIL, MDRC, other appropriate partners, and identified consumers. A protocol will be developed to outline a process for the onsite visits. The protocol will strive to encourage a holistic interaction with the organizations, including their boards, staff, consumers, and other community partners. It will also incorporate or link to related processes such as those for federal CIL onsite reviews, MACIL peer reviews, and MRS grant reviews.

The intent is to have the protocol developed and collaborative onsite visits commencing by January 2002.

f. CIL Data Collection and Analysis

Michigan's CILs and the SPIL Partners have found that the required federal performance reports and state grant reports do not provide the information needed for development and expansion of the IL/CIL Network. As a result, MACIL has developed a process for outcomes reporting.

This process focuses on the needs of consumers. It tries to shift the reporting focus *from* how CIL staff spend their time, the number of people who participate in CIL programs, and other "activities" and "outputs", *to* the real impact CILs have on people's lives. The result is a system of outcomes reporting that produces key information on what is happening statewide, but that also captures what the individual CILs think is important.

MACIL coordinated agreement among the CILs on formats for the data to be reported. These formats include data needed for the annual federal "Section 704" performance reports, as well as data determined to be locally important. They place this data within a framework that focuses upon the outcomes and impacts achieved within the communities and for individuals with disabilities. Specific logic models have been developed for the key outcome categories of accessibility, employment, housing, ongoing community supports, transition, and transportation. Reflecting these logic models are five data reporting formats, including:

- ✓ Demographics.
- ✓ Outputs/Service Activities for Community Development Services.
- ✓ Outcomes for Community Development Services.
- ✓ Outputs/Service Activities for Individual Services.
- ✓ Outcomes for Individual Services.

Although the individual CILs can use whatever information system they wish to collect the data, several wanted an information system developed specifically for the data formats. In response, several of the CILs have joined in contracting for development of a locally responsive data system for this purpose. To date, nine of the CILs have bought into this collaborative effort and are currently implementing the reporting system.

During the developmental year of FY 2001, the MACIL members have agreed to submit the data reports quarterly. At the end of the year, the reports will be compiled and analyzed, both locally and at the state level. The resulting information will be used by individual CILs in reporting to their boards, consumers, communities, and funding sources. This will include their annual federal "Section 704" performance reports. At the state level, the information will be used by MACIL and the SPIL Partners in evaluating and reporting on program performance. This will include reports to the general public, local CILs, other statewide organizations and agencies, the federal government, and the state legislature. The information and the reporting process will also be carefully evaluated to determine any need for changes in the data formats or their use.

Outcomes reporting is a result of outcomes thinking. It shows that IL principles work for people with disabilities, and for everyone in society. The IL partners cannot be effective advocates for change in policy or programs without data to show what the Network has achieved. The MACIL-developed outcomes reporting process is designed to provide this data.

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Statewide IL/CIL Network section.]

3. Establishment of MCB's Older Individuals Who are Blind (OIB) Program

The OIB program provides IL skills training to older blind individuals in their homes and apartments via ten IL specialists. The statewide OIB program serves approximately 1,200 persons each year, and estimates that the potential population, using the Chapter 2 definition, far exceeds 50,000 persons. This number is expected to increase even further as the baby boomer generation ages.

Principles for Delivering OIB Services

Because demand for service far outweighs capacity for delivering service, the program is continually developing principles that help define the essence of staff activity. These principles help form a “critical path” for reaching and serving older blind persons. They define a program that:

- Is a catalyst for re-establishing self-confidence via the learning of IL skills. Self-confidence leads to mutual family support and community involvement.
- Provides information about local transportation services and helps individuals apply for services. The program relies on local government to provide ongoing transportation services or emergency medical transportation.
- Supports the formation of peer groups of older blind individuals and encourages persons who are struggling with personal adjustment issues to attend local peer group meetings. The program encourages peer groups to be self-directed in developing and selecting leadership, setting agendas, and implementing programs.
- Places the highest service priority on individuals who are in independent settings at risk of institutionalization. By 2007, the program plans to have the resources to begin helping blind persons to transition from nursing homes to the community.
- Is a highly focused, time-limited rehabilitation service with nominal case service dollars. Consequently, purchases for older blind persons tend to be “low tech” in nature, e.g. small household utensils and hand-held magnifiers. As the program gains sufficient state and federal funding, more case service dollars will be available to purchase high tech devices, e.g. closed circuit televisions, sophisticated low vision and hearing aids, computer software especially designed for blind and visually impaired persons.

- Promotes volunteerism as a salutary activity outside the home. The program will also help older blind individuals connect with vocational rehabilitation services, if requested.
- Seeks financial participation from older blind individuals for the purchase of aids and appliances and specialized services. Financial participation is considered a key element in establishing self-direction and self-determination.
- Encourages older blind individuals to “spin off” their learning experiences to other aspects of their personal life so that learning and adapting becomes a behavioral continuum. Community based group teaching situations are periodically scheduled so that older blind individuals can share their experiences and develop synergy with regards to problem solving.

Continuing Initiatives

The OIB program continues to put emphasis on volunteer training through the Visually Impaired Volunteer Assistants (VIVA) project. The VIVA project trains older sighted and visually impaired persons to be information and referral specialists for older blind individuals at the local level. The program also places special emphasis on the development of community partnerships in rural areas where support systems are lacking. Consequently, collaborative efforts will continue with the Superior Alliance for Independent Living (SAIL) in Marquette and the Sault Sainte Marie Tribe of Chippewa Indians. Other ongoing collaborative efforts include public education, awareness and advocacy initiatives with the National Federation of the Blind of Michigan and the Michigan Council of the Blind and Visually Impaired. The OIB program will also seek meaningful cooperation with the Area Agencies on Aging, the Medicaid Waiver Program and the Home Help Program of the Family Independence Agency.

4. Technical Assistance and Network Support

SILC has convened a standing work group to address technical assistance, training, and network support needs. This group includes MACIL, SILC, MRS, MCB, MDRC, Michigan Protection and Advocacy Service, and the Michigan Rehabilitation Council. The Group has developed a plan that seeks to identify gaps in existing resources for technical assistance and network supports, and to develop a collaborative response. The desired outcome is to make available to each community CIL or IL initiative the assistance and supports it needs to successfully carry out its responsibilities for IL advocacy and service delivery.

Michigan is committed to the principle that, as grassroots advocacy organizations, CILs must grow from their individual communities. They must identify and determine their individual needs, as well as effective ways to address those needs. As growing organizations, they have differing capacities and developmental needs. This requires a multi-layered approach to developing and providing technical assistance and network supports that will help each organization successfully grow within its own community and become a participating member of the statewide IL/CIL Network.

The TA and Network Support Plan seeks to provide options, not directions. The approach is to engage people in collective problem-solving that goes beyond individual meetings and ever changing needs and priorities. It seeks to establish ongoing relationships among those who seek assistance and those who provide it. Emphasis is placed on matching needs with resources, and recognizing the unique functioning level of each IL/CIL organization. This involves identifying what is being done well, and what needs to be developed. The long-range perspective is to see trends, anticipate future needs, and take actions to develop responsive resources. Resource development includes exploration of all possible resources, including federal, state, local, and private sources of funding.

The plan addresses *technical assistance*, *training*, and *network supports*.

Technical assistance refers to the exchange of skilled information and consultation about the development and operation of Centers for Independent Living. Michigan's approach to technical assistance is to establish an ongoing relationship between the persons who use assistance and those who provide it. It involves a great deal of "troubleshooting" and strategizing through an informal process of consultation and learning.

Training refers to organized, scheduled events that provide opportunities to gain information and skills in developing and operating CILs. It involves specific learning objectives and, usually, a curriculum or outline of topics to be covered. Michigan's approach to training is to use hands-on, personalized instruction with needed follow-through.

Network supports refers to statewide program planning, information, evaluation, and other resources that assist local IL/CIL organizations in functioning within the statewide Network. Michigan's approach to network supports is collaboration among the CILs and IL partners to cultivate consistent skills and responsiveness throughout the statewide Network.

The Technical Assistance and Network Support Plan is based on several important principles related to the growth and development of IL/CIL organizations:

- A primary need is to develop a community-based IL/CIL group of consumers and allies.
- Once a community-based IL/CIL group has been initiated, it needs to be developed into a responsive and effective community organization.
- Going beyond traditional responsiveness and effectiveness, the community-based IL organization must develop the capacity to be accountable for carrying out its mission.
- As it develops, the community-based IL organization requires continuous development of skills among its members, volunteers, staff, and consumers.
- To carry out its systems-change responsibilities, the community-based IL/CIL organization needs continuous involvement in the Disability Movement and related public policy.

A generic model of technical assistance, training, and network supports has been established for purposes of the plan. It provides for the above needs to be addressed through development and coordination of an array of resources and methods including mentoring, facilitation, peer-to-peer sharing of ideas, web and internet-based media, use of existing and adapted resources, workshops, scholarships, apprenticeships, and a library of informational and best-practice materials.

The model incorporates an approach to technical assistance, training, and network supports that reflects the Disability Rights and Independent Living philosophy. Emphasis is placed upon a holistic community-based and person-centered approach. It is recognized that people will seek assistance from those they know best. Differing perspectives and values are openly acknowledged, with partners striving to avoid conflicting suggestions and directions that may confuse communities and CILs. The partners are committed to uniformly reflecting the perspective that the important thing is not for all to give the same advice, but for all to reinforce the importance of local decision-making and accountability.

The plan outlines three major performance objectives:

1. ***Acceptance of the model and plan.*** The participating partners agree to use the jointly developed model and plan in providing technical assistance, training, and network supports to IL/CIL organizations.
2. ***Establishment of Primary Resource Contacts.*** A list of primary resource contacts will be established and distributed throughout the IL/CIL Network, and the participating partners will use it in making referrals and coordinating activities.
3. ***Collaborative Coordination.*** The participating partners will meet regularly as the Technical Assistance and Network Support Group to develop, coordinate, and oversee the provision of the needed resources. Among its activities, the Group will:
 - Serve as the state-level focal point for communication, coordination, planning, monitoring, and evaluation, based upon the collaboration model presented in the TA and Network Support Plan. To do this, the Group will establish linkages to such resources as the MACIL ROELF (technical assistance/professional development) Committee, the MACIL Administrative Committee, the Michigan Coalition on Disability and Rehabilitation Research and Training, the SILC and MACIL network expansion committees, and other statewide projects supporting community organizing and leadership development.
 - Coordinate assistance to each full-functioning CIL, developing IL/CIL organization, and planning initiative in identifying and obtaining resources to meet its technical assistance, training, and network support needs.

- Serve as a forum for ideas, suggestions, and proposals for new technical assistance, training, or network support initiatives. Based upon the need and priority, help to identify available resources or find alternate ways of supporting the initiative.
- Review annual IL/CIL applications for funding to provide technical assistance, training, and network supports. Make recommendations concerning best practices, priorities, and grant awards. The grant funding may support direct provision, or may be used for provision through sub-contract with a local CIL or other appropriate provider.
- Develop and regularly update resources available within the partnership to address identified needs and serve as tools for coordination and referral. Identify barriers to collaboration and coordination within the partnership; develop and propose actions to eliminate those barriers. Periodically assess the partnership's capacity and develop recommendations for its expansion.
- Periodically revise all plans and Group resources to reflect the Network's, the CILs', the state's, and communities' ever-changing needs.

5. Coordinated Funding Plans

Annually, MRS, MCB, SILC, and MACIL develop coordinated funding plans for (1) the use of federal and state funds available for IL programs, supports, and services, and (2) the development of private sector resources for IL programs, supports, and services.

Major components of the coordinated funding plan for FY 2002 are shown in the tables on the following pages.

Projected FY 2002 IL/CIL Program Funding in Michigan

Funding Type/Source	Through MRS	Through MCB	TOTAL
<i>Federally administered Title VII Funding</i>			
Direct RSA federal funding of 12 CILs			\$1,640,355
<i>State-administered Title VII Funding</i>			
Federal Title VII, Part B for MRS	\$384,863		\$384,863
Federal Title VII, Part B for MCB		\$207,234	\$207,234
MRS State Match for Title VII, Part B	\$4,473		\$4,473
MCB State Match for Title VII, Part B		\$23,026	\$23,026
Local in-kind Match (MRS/CILs)	\$38,239		\$38,239
Consumer Cash Donations to MCB		\$3,000	3,000
<i>State IL/CIL Funding</i>			
MRS – Unmatched State Funds for CILs	\$2,088,000		\$2,088,000
MRS – PASREP	\$462,000		\$462,000
<i>State-administered Title VII, Chapter 2 Funding</i>			
Federal Title VII, Chapter 2 for MCB		\$581,301	\$581,301
MCB State Match for Chapter 2		\$64,589	\$64,589
<i>State-administered Title I VR Funding for the IL/CIL Network</i>			
MRS State Match for CIL Title I	\$103,028		\$103,028
Federal Title I for MRS/IL	\$380,672		\$380,672
Local/MACIL Cash Donations	\$474,660		\$474,660
Matched Federal Title I	\$1,283,340		\$1,283,340
<i>Other State and Local Funding</i>			
CILs – All Other Funding			\$6,200,000
PROGRAM TOTAL	\$5,169,275	\$879,150	\$13,938,780

These are projected figures, which are subject to adjustment as details of funding plans are finalized during coming weeks. As here presented, they provide an interrelated set of coordinated funding plans for Michigan's IL programs, supports, and services during fiscal year 2002. Adjustments which may be needed during the course of the fiscal year due to budget changes will be made in accord with the funding principles outlined above.

Projected FY 2002 IL/CIL Program Budget in Michigan

Funding Type/Source	TOTAL
Combined federal and state core funding of \$300,000 each for 10 CILs	\$3,000,000
“Planning and Development” core funding for five grants to help with the costs of planning and/or developing affiliation with the IL/CIL network in previously unserved areas of the state	\$700,810
Statewide Independent Living Council operations	\$291,278
Technical assistance, training, and network support	\$113,603
Older Individuals who are Blind (OIB) Services through MCB	\$791,150
Local in-kind Match	\$38,239
Personal Assistance Services Reimbursement for Employment	\$462,000
CIL/MRS State-Matched Collaborative Services	\$483,700
CIL/MRS Cash Match Title I Collaborative Services	\$1,758,000
Other CIL Programs	\$6,200,000
PROGRAM TOTAL	\$13,938,780

These are projected figures, which are subject to adjustment as details of funding plans are finalized during coming weeks. As here presented, they provide an interrelated set of coordinated funding plans for Michigan's IL programs, supports, and services during fiscal year 2002. Adjustments which may be needed during the course of the fiscal year due to budget changes will be made in accord with the funding principles outlined above.

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Coordinated Funding Plans section.]

Michigan State Plan for Independent Living – Attachment 1
MICHIGAN’S IL/CIL PROGRAM PLAN
Fiscal Year 2002-2004

PART D. SUPPORTING INFORMATION

	(Page)
1. Glossary of Terms.....	73
2. Structure of Michigan’s IL/CIL Network.....	81
3. Location of Michigan’s CILs.....	87
4. Service Areas of Michigan’s CILs	88
5. Populations Served by Michigan’s CILs	89
6. Michigan’s Developmental CIL Benchmarks	97
7. Business Plan Outline for Developing IL Supports and Services	103
8. Summary of Community Input and Needs	105
9. Summary of Comments on Proposed SPIL, and Responses	117
10. Outreach Reference Page.....	121

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Supporting Information/Contents]

GLOSSARY

AMERICANS WITH DISABILITIES ACT (ADA) The 1990 federal civil rights act which provided "a clear and comprehensive national mandate for the elimination of discrimination against individuals with disabilities", including titles on employment, public services (general, and transportation), public accommodations and services operated by private entities, telecommunications, and miscellaneous provisions.

“ADVOCACY” means pleading an individual’s cause or speaking or writing in support of an individual. To the extent permitted by State law or the rules of the agency before which an individual is appearing, a non-lawyer may engage in advocacy on behalf of another individual. Advocacy may --

- (1) Involve representing an individual --
 - (i) Before private entities or organizations, government agencies (whether State, local, or Federal), or in a court of law (whether State or Federal); or
 - (ii) In negotiations or mediation, in formal or informal administrative proceedings before government agencies (whether State, local, or Federal), or in legal proceedings in a court of law; and
- (2) Be on behalf of --
 - (i) A single individual, in which case it is ‘individual advocacy ;
 - (ii) A group or class of individuals, in which case it is ‘systems (or ‘systemic) ‘advocacy ; or
 - (iii) Oneself, in which case it is ‘self advocacy .

(Authority: 20 U.S.C. 706(30)(B)(vi))

“BLIND PERSON” means an individual who has a visual acuity of 20/200 or less in the better eye with correction, or has a limitation of his or her field of vision such that the widest diameter of the visual field subtends an angular distance not greater than 20 degrees, as determined by the commission. (Act 260 of 1978)

“CENTER FOR INDEPENDENT LIVING (CIL)” means a consumer-controlled, community-based, cross-disability, nonresidential, private nonprofit organization that:

- (1) Is designed and operated within a local community by individuals with disabilities; and
- (2) Provides an array of IL supports and services to assist people with disabilities in becoming more independent and self-sufficient.

(Michigan wording, based on authority of Section 702 of the Rehabilitation Act)

CIL CORE FUNDING The stable funding, not dependent upon fees-for-service or service contracts, needed to establish and sustain a CIL organization that can meet the national CIL standards and indicators.

BASE CORE FUNDING is the minimum level of funding deemed sufficient to establish and sustain a CIL organization that can meet the national CIL standards and indicators and have the capacity to provide CIL Core Services to a service area of at least 250,000 persons or 4,000 square miles.

OUTREACH CORE FUNDING is additional core funding, provided to supplement Base Core Funding, to meet the needs of populations or geographic areas in excess of 250,000 persons or 4,000 square miles, or other unique local circumstances.

CIL PROGRAM means the Centers for Independent Living program funded under Title VII, Part C of the Rehabilitation Act.

CLIENT ASSISTANCE PROGRAM (CAP) is a program established under Section 112 of the Rehabilitation Act to provide assistance in informing and advising all clients and client applicants of all available benefits under the Act, and, upon request of such clients or client applicants, to assist and advocate for such individuals in their relationships with projects. Michigan Protection and Advocacy Service, Inc. is responsible for Michigan's CAP program.

COMMUNITIES OF POWER WEBSITE is an internet-based portal (site) of disability issues and advocacy tools.

“CONSUMER CONTROL” means, with respect to a center or eligible agency, that the center or eligible agency vests power and authority in individuals with disabilities, including individuals who are or have been recipients of IL services. (Authority: Section 702 of the Rehabilitation Act)

“CROSS-DISABILITY” means, with respect to a center, that a center provides IL services to individuals representing a range of significant disabilities and does not require the presence of one or more specific significant disabilities before determining that an individual is eligible for IL services.

“DESIGNATED STATE AGENCY” or **“DESIGNATED STATE UNIT (DSU)”** means the State agency designated to administer (or supervise local administration of) the State plan for Vocational Rehabilitation (VR) services. The term includes the State agency for individuals who are blind, if that agency has

been designated as the sole State agency with respect to that part of the State VR plan relating to the vocational rehabilitation of individuals who are blind. Michigan Department of Career Development - Rehabilitation Services (MRS) and the Michigan Commission for the Blind (MCB) are the designated state units for Michigan.

(Authority: Sections 6(8) and 704(c) of the Rehabilitation Act)

DISABILITY COMMUNITY refers to the interactive community of individuals with disabilities and their advocates who join in promoting the Disability Rights and Independent Living Movements.

DISABILITY VOICE is a consolidated planning project of eight statewide organizations that obtains input and concerns of people with disabilities through local Town Hall Meetings and other means. The information is then used to improve supports, both at the local level and through statewide planning.

“INDEPENDENT LIVING (IL) CORE SERVICES” are the four services all CILs are required to provide. They include:

- (1) Information and referral services;
- (2) IL skills training;
- (3) Peer counseling, including cross-disability peer counseling; and
- (4) Individual and systems advocacy. (Authority: Section 6(17) of the Rehabilitation Act)

INDEPENDENT LIVING (IL) MOVEMENT The civil rights movement for people with disabilities which promotes the philosophy that people with disabilities have the right to control their own lives and have access to the same options as people without disabilities. This philosophy is based upon the concepts of disability self-esteem and personal value, consumer control and self-determination, self-help and peer support, and political and social activism.

INDEPENDENT LIVING / CENTERS FOR INDEPENDENT LIVING (IL/CIL) NETWORK The full network of IL partners and Centers for Independent Living who work in collaboration to assist people with disabilities to achieve the vision of the Disability Rights and Independent Living Movements. The intent is to establish a network of supports and services that empower Michigan’s citizens with disabilities to have control over their lives and achieve self-determination and self-governance.

INDEPENDENT LIVING / CENTERS FOR INDEPENDENT LIVING (IL/CIL) PROGRAM refers to the program of supports, services, and grants that

are provided in accord with this State Plan for Independent Living (SPIL). They are provided under the authority of Title VII of the Rehabilitation Act to achieve the purposes specified in this plan.

“INDEPENDENT LIVING SERVICES” includes the independent living core services (defined above) and --

- (1) Counseling services, including psychological, psychotherapeutic, and related services;
- (2) Services related to securing housing or shelter, including services related to community group living, that are supportive of the purposes of the Act, and adaptive housing services, including appropriate accommodations to and modifications or any space used to serve, or to be occupied by, individuals with significant disabilities;
- (3) Rehabilitation technology;
- (4) Mobility training;
- (5) Services and training for individuals with cognitive and sensory disabilities, including life skills training and interpreter and reader services;
- (6) Personal assistance services, including attendant care and the training of personnel providing these services;
- (7) Surveys, directories, and other activities to identify appropriate housing, recreation opportunities, and accessible transportation, and other support services;
- (8) Consumer information programs on rehabilitation and IL services available under the Act, especially for minorities and other individuals with disabilities who have traditionally been unserved or underserved by programs under the Act;
- (9) Education and training necessary for living in a community and participating in community activities;
- (10) Supported living;
- (11) Transportation, including referral and assistance for transportation and training in the use of public transportation vehicles and systems;
- (12) Physical rehabilitation;
- (13) Therapeutic treatment;
- (14) Provision of needed prostheses and other appliances and devices;
- (15) Individual and group social and recreational services;
- (16) Training to develop skills specifically designed for youths who are individuals with disabilities to promote self-awareness and esteem, develop advocacy and self-empowerment skills, and explore career options;
- (17) Services for children;
- (18) Services under other Federal, State, or local programs designed to provide resources, training, counseling, or other assistance of substantial benefit in

- enhancing the independence, productivity, and quality of life of individuals with disabilities;
- (19) Appropriate preventive services to decrease the need of individuals assisted under the Act for similar services in the future;
 - (20) Community awareness programs to enhance the understanding and integration into society of individuals with disabilities; and
 - (21) Other services that may be necessary and not inconsistent with the provisions of the Act. (Authority: Section 6(18) of the Rehabilitation Act)

“INDIVIDUAL WITH A DISABILITY” for Title VII of the Rehabilitation Act means an individual who --

- (1) Has a physical or mental impairment that substantially limits one or more of the individual s major life activities;
- (2) Has a record of such an impairment; or
- (3) Is regarded as having such an impairment.

(Authority: Section 6(20)(B) of the Rehabilitation Act)

“INDIVIDUAL WITH A SIGNIFICANT DISABILITY” for Title VII of the Rehabilitation Act means an individual with a severe physical or mental impairment whose ability to function independently in the family or community or whose ability to obtain, maintain, or advance in employment is substantially limited and for whom the delivery of IL services will improve the ability to function, continue functioning, or move toward functioning independently in the family or community or to continue in employment.

(Authority: Section 6(21)(B) of the Rehabilitation Act)

MICHIGAN ASSOCIATION OF CENTERS FOR INDEPENDENT LIVING (MACIL) The private, nonprofit association for Michigan's CILs. Its mission is to promote collaboration among its members and partners, continued expansion of CILs throughout Michigan, professional training and support, and to advocate for disability rights through a common set of IL values.

MICHIGAN COMMISSION ON DISABILITY CONCERNS (MCDC) A Governor-appointed commission responsible for statewide advocacy for people with disabilities. It is Michigan's representative to the former President's Committee on Employment of People with Disabilities, now called “Office of Disability Employment Policy in the U.S. Department of Labor”.

MICHIGAN COMMISSION FOR THE BLIND (MCB) The Governor-appointed commission responsible for the state's rehabilitation services for persons who are blind. The MCB agency is located within Michigan’s Family

Independence Agency (FIA) and is the designated state rehabilitation agency for persons who are legally blind.

MICHIGAN DEVELOPMENTAL DISABILITIES COUNCIL (MDDC) The Governor-appointed council responsible to undertake advocacy, capacity building, and systemic change activities to achieve the purposes of the federal Developmental Disabilities Assistance and Bill of Rights Act.

MICHIGAN DISABILITY RIGHTS COALITION (MDRC) The private, non-profit agency representing a statewide network of individuals and organizations that advances the issues of Michigan's disability community through community capacity building, grassroots activism, public education, and advocacy. It works for equity, advocacy, education, inclusion, and leadership of people with disabilities, its motto being, "With Liberty and Access for All".

MICHIGAN PROTECTION AND ADVOCACY SERVICE, Inc. (MPAS) A private non-profit organization offering a full range of information and advocacy services to people with disabilities. It operates several protection and advocacy programs authorized and/or funded under federal and state programs.

MICHIGAN REHABILITATION COUNCIL (MRC) The Governor-appointed council established under Section 105 of the Rehabilitation Act to review, analyze, and provide advice to Michigan Rehabilitation Services.

MICHIGAN REHABILITATION SERVICES (MRS) The agency within the Michigan Department of Career Development which is the designated state rehabilitation agency for persons who have disabilities other than legal blindness. The full designation is "Michigan Department of Career Development - Rehabilitation Services (MDCD-RS)".

"MINORITY GROUP" means individuals who report their race and ethnicity in any of the following categories: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or other Pacific Islander, or Hispanic or Latino. (Authority: RSA Policy Directive RSA-PD-01-05)

"MULTI CULTURAL" refers to the presence of racially and ethnically diverse populations which have an awareness and sensitivity to different values and beliefs, linguistic patterns, socioeconomic levels, and unique cultural experiences. This includes the cultures of different disability groups.

“OLDER INDIVIDUAL WHO IS BLIND” (OIB) means an individual age 55 or older whose significant visual impairment makes competitive employment extremely difficult to attain but for whom independent living goals are feasible. (Authority: Section 751 of the Rehabilitation Act)

“PARTNERS” as used in the SPIL refers to three specific partnerships:

- **“SPIL PARTNERS”** refers to the three partners who, under the authority of Title VII of the Rehabilitation Act, jointly develop and submit the State Plan for Independent Living (SPIL). These are the Statewide Independent Living Council (SILC), Michigan Rehabilitation Services (MRS), and the Michigan Commission for the Blind (MCB). Deliberations of the SPIL Partners also include collaboration with the Michigan Association of Centers for Independent Living (MACIL) and the Michigan Disability Rights Coalition (MDRC).
- **“IL PARTNERS”** refers to the more inclusive partnership of organizations and agencies that join in support of the Disability Rights Movement and Independent Living Philosophy as promulgated in Title VII of the Rehabilitation Act.
- **“(OTHER) COMMUNITY PARTNERS”** refers to the even more inclusive partnership of related organizations and agencies that join IL partners in support of “common ground” objectives, although they do not necessarily adhere to all of the Title VII requirements of being “consumer-controlled, community-based, cross-disability, nonresidential, and private non-profit”.

“PERSONAL ASSISTANCE SERVICES REIMBURSEMENT FOR EMPLOYMENT PROGRAM (PASREP)” refers to the MRS program currently administrated on a statewide basis through the Ann Arbor CIL.

“PEER RELATIONSHIPS” mean relationships involving mutual support and assistance among individuals with significant disabilities who are actively pursuing IL goals.

“PEER ROLE MODELS” mean individuals with significant disabilities whose achievements can serve as a positive example for other individuals with significant disabilities.

“PERSONAL ASSISTANCE SERVICES” mean a range of IL services, provided by one or more persons, designed to assist an individual with a disability to perform daily living activities on or off the job that the individual would typically perform if the individual did not have a disability. These IL services must be designed to increase the individual’s control in life and ability to perform

everyday activities on or off the job. (Authority: Section 6(28) of the Rehabilitation Act)

“REASONABLE ACCOMMODATION” means any change or adjustment to a job or work environment that permits a qualified applicant or employee with a disability to participate in the job application process, to perform the essential functions of a job, or to enjoy benefits and privileges of employment equal to those enjoyed by employees without disabilities. (Authority: The Americans with Disabilities Act)

REHABILITATION SERVICES ADMINISTRATION (RSA) is the unit in the U.S. Department of Education, Office of Special Education and Rehabilitative Services, which administers the programs under the Rehabilitation Act.

SILS PROGRAM is the state IL services program funded under Title VII, Part B.

STATEWIDE INDEPENDENT LIVING COUNCIL (SILC) The Governor-appointed council established in accord with Section 705 of Title VII of the Rehabilitation Act. The SILC, MRS, and MCB jointly develop, submit, and implement the State Plan for Independent Living.

“STATE PLAN” means the State Plan for Independent Living (SPIL) required under section 704 of Title VII of the Rehabilitation Act. The SPIL must address needs assessment, planning, financial support, coordination and other assistance for (a) the provision of State Independent Living Services, (b) the development and support of a statewide network of CILs, and (c) working relationships among all IL partners.

“TITLE VII” refers to Title VII of the Rehabilitation Act which authorizes Independent Living and Centers for Independent Living programs. **“Part B”** authorizes state-administered IL services programs. **“Part C”** authorizes the federally administered Centers for Independent Living program.

WORKFORCE DEVELOPMENT BOARDS Local governing boards established throughout the state to coordinate workforce development needs. There are 25 Governor-approved Workforce Development Boards in Michigan serving as local decision-making bodies ultimately responsible for developing operational plans for all state-administered workforce development programs in their respective service delivery areas (SDAs). They set the policy for 100 Michigan Works! Service Centers.

STRUCTURE OF MICHIGAN'S IL/CIL NETWORK

The SPIL Partners are committed to establishing a statewide IL/CIL network that affords every Michigan community and citizen ready access to IL supports and services requiring no more than a one-hour drive. Although it represents substantial progress toward achievement of the goal, the existing network has not yet achieved coverage of all portions of the state or capacity for consistent provision of supports and services to all communities and citizens.

Collaborative efforts over a number of years have resulted in ongoing development of a structural framework. This framework is useful in identifying and analyzing current network development and capacity, and in planning for future network development and expansion. The framework addresses three network dimensions:

- The organizations that make up the network.
- The service areas identified by each organization.
- The levels of service availability within each of the service areas.

The framework and its definitions are designed to provide a way to identify the major characteristics of the organizations, the service areas, and the levels of service availability. Because it is community-based and developmental in nature, the IL/CIL network reflects great diversity and almost infinite gradations. The organizations are at significantly different levels of development. Each service area is composed of a diverse array of sub-communities, ranging from those that are well-established as parts of the service area, to those that are developing, to those that are planned, and to those that are identified only as potential parts of the service area. Similarly, the levels of service availability within each service area vary significantly for different sub-communities, needs, and populations.

- THE IL/CIL NETWORK ORGANIZATIONS -

Recognizing the many gradations and differences among the local and state organizations, five general types of organizations are identified which may receive IL/CIL grants. The major characteristics of these are as follows:

Full-Functioning CIL

A CIL that meets all national Standards and Indicators, and has the capacity to provide IL Core Services to its identified primary service area. This includes both fully expanded CILs that have the capacity to serve their entire service area, and expanding CILs that are still developing their capacity.

Tasks: Meeting all CIL Standards and Indicators, providing Core Services to identified primary service area and (in accord with established business plan) all planned outreach areas, and providing support to statewide IL network.

Network Responses: Ongoing professional development, network support, and financial support (IL/CIL Core Funding Grant).

Developing CIL

A developing non-profit, consumer-directed organization working to carry out its plan for becoming part of the statewide IL/CIL network.

Tasks: Implementing business plan, working to achieve Developmental Benchmarks and CIL Standards, developing organizational capacity and systems, and developing Core Services delivery capacity and systems. This includes progressive development within start-up service area, full primary area, and planned outreach areas.

Network Responses: Ongoing technical assistance, skill building, and financial support (IL/CIL Development Grant).

Planning Initiative

An initiative of an identified consumer group in an unaffiliated community* to plan for its affiliation with the statewide IL/CIL network.

Tasks: Identifying and developing local consumer-led group committed to becoming part of the statewide IL/CIL Network, developing local community IL support, determining how to affiliate with the statewide Network, and developing a business plan for a defined service area. This includes identification of start-up service area and sequenced movement into full primary and all planned outreach areas.

* - Or, in an affiliated outreach community which is working with the CIL currently serving it to bring about a change in its status within the IL/CIL network.

Network Responses: Information provision, technical assistance, skill building, and financial support (IL/CIL Planning Grant).

Unaffiliated Community

A community which is not currently identified and acknowledged as part of the statewide IL/CIL network. This includes both communities which have expressed interest in joining the IL/CIL Network, and those with which contact has not yet been established. To be considered affiliated, a community is expected to: (a) be identified within the service market area of an established CIL or a developing CIL organization, and (b) have demonstrated community acknowledgment of the affiliation.

Tasks: Awareness of IL Philosophy and community organizing

Network Responses: Outreach, information provision, and technical assistance. (IL/CIL Technical Assistance and Network Support Grant.)

Statewide Technical Assistance and Network Support Organization

A state-level organization that provides technical assistance and/or other supports to help design, develop, establish, or facilitate operation of the statewide IL/CIL network. (For example, the Michigan Association of Centers for Independent Living.)

Tasks: Demonstration of knowledge and commitment to the Disability Rights and IL Movements; provision of expertise in designing, developing, or supporting the statewide IL/CIL network; and promotion of state and local collaboration in achieving SPIL objectives.

Network Responses: Collaboration and financial support. (IL/CIL Technical Assistance and Network Support Grant.)

- THE CIL SERVICE AREAS -

The CILs identify their service areas in relation to communities or community groupings, in terms of accepted geographical boundaries such as counties, townships, and census tracts. Population figures for FY 2002 are based on the 2000 Census.

The service areas for the individual CILs include their full planned service areas, both those currently being served and those for which the CIL has plans for future development. They include the following:

CIL Primary Service Area

The central geographic area for the community in which the CIL's main office is located. Except as otherwise justified by unique local circumstances, it is to include a targeted area of at least 250,000 persons or 4,000 square miles. The long-term expectation is that achievement of Base CIL Core Funding (\$300,000 for FY 2002) will enable a CIL to meet the federal standards and indicators, including the capacity to provide IL Core Services within the Primary Service Area.

CIL Outreach Areas

Service areas for communities not included in the Primary Service Area, which are identified and acknowledged as proper parts of the CIL's full planned service area. Each outreach area is to be a community or community grouping identified for the purpose of developing the local consumer constituency, obtaining local community commitment and support, and providing IL Core Services. Each of these areas will be served through a CIL branch office, satellite, or other arrangement, supported by Outreach Core Funding that supplements the CIL's Base Core Funding. The long-term expectation will be that each CIL will receive Outreach Core Funding in an amount sufficient to support the capacity to provide IL Core Services within its identified outreach areas.

- SERVICE AVAILABILITY -

Each service area can also be identified in terms of the availability of IL supports and services related to community and consumer need. This can address identified geographic areas, categories of need, or consumer populations within either a Primary or Outreach Service Area, or (in some instances) an adjoining Unaffiliated Community. The level of IL service availability can be identified, as follows:

Served

The IL/CIL Network has a clear presence, and a full array of IL Core Supports and services is readily available to meet identified community and consumer need. In general, an area, category of need, or population can be considered served if all of the following conditions exist.

- (a) The population and the number who have significant disabilities have been identified.
- (b) The types and levels of need for IL supports and services have been identified, at least in general terms.

- (c) Contact persons or organizations have been established who serve as referral sources, and this fact is generally known or publicized.
- (d) The CIL organizational newsletter and other general mailings are sent to consumers and to the major disability organizations and agencies.
- (e) The needs and perceptions of the consumers are represented on the CIL Board, either through consumers being Board members, or through systematic input from the consumers to Board members.
- (f) IL Core Services are readily available to all consumers. A substantial array of supports and services is provided to an appropriately diverse mix of consumers.
- (g) CIL Board members, staff or volunteers are readily available to be involved in related community development activities. The CIL Board, staff, and volunteers have prioritized community needs and are visibly involved in addressing the priority issues.

Underserved

The IL/CIL Network has a limited presence, and the array of IL Core services is not sufficiently available to meet identified community and consumer need.

Unserved

The IL/CIL Network has minimal or no presence, and IL Core services are not available to meet identified community and consumer need.

A comparative profile of the three levels of service availability is presented on the next page.

COMPARISON OF IL/CIL SERVICE AVAILABILITY



IL/CIL service availability for an identified geographic area, category of need, or population can be described by determining which one of the following columns, on balance, provides the best characterization.

Served	Underserved	Unserved
a. Population and number with significant disabilities have been identified, analyzed, and evaluated.	a. Population data has been accessed, but not systematically analyzed or evaluated.	a. No data has been collected. There is only a general sense of population numbers.
b. Types and levels of need for IL supports and services have been identified.	b. Only anecdotal and/or partial information has been obtained about needs.	b. Essentially no detailed information has been obtained about needs.
c. Contact persons or organizations have been established to serve as referral sources.	c. There are only limited contacts and irregular interaction.	c. There is no designated contact or referral publicity.
d. Newsletters and mailings are sent to major disability organizations and agencies.	d. There is limited distribution of newsletters and other mailings.	d. There is no organized distribution of newsletters or other mailings.
e. Needs and perceptions of consumers are represented on the CIL Board.	e. There is only indirect representation on or input to the CIL Board.	e. There is no formal or organized representation on or input to the CIL Board.
f. IL Core Services are readily available, with a substantial array of supports and services provided in proportion to the consumer population and identified need.	f. Availability of IL Core Services is limited, with only some supports and services provided in a manner that is not fully proportional to the consumer population and need.	f. IL Core Services are not usually available and are not provided proportionally to the consumer population and need.
g. CIL Board, staff, and volunteers have prioritized community needs and are visibly involved in community activities to address them.	g. Community needs are only addressed occasionally, with sporadic availability and involvement of CIL Board, staff, or volunteers in community activities.	h. Community needs are seldom addressed, with the availability and involvement of CIL Board, staff, or volunteers being unplanned and unpredictable.

DISCUSSION DRAFT 3/22/2001

LOCATION OF MICHIGAN'S CILs



-  Location of main offices of CILs (Centers for Independent Living)
-  Location of branch or satellite offices

[illegible]

Attachment 1, Page 88 of 122
Effective Date: October 1, 2001

Michigan Department of Career Development - Michigan Rehabilitation Services
INDEPENDENT LIVING/CENTERS FOR INDEPENDENT LIVING (IL/CIL)
POPULATION OF IDENTIFIED SERVICE AREAS

(Revised 7/9/2001)

- FULL-FUNCTIONING CILs -

	Primary Service Areas			Outreach Service Areas			Unaffiliated	TOTAL
	(Served)	(Underserved)	(Unserved)	(Served)	(Underserved)	(Unserved)	(Unserved)	SERVICE AREA
Ann Arbor CIL (Ann Arbor)								
- Livingston						156,951		156,951
- Monroe					145,945			145,945
- Washtenaw (70% Primary / 30% Outreach)	226,027				96,869			322,895
AACIL Totals	226,027	0	0	0	242,814	156,951	0	625,791
Blue Water CIL (Port Huron)								
- Huron (City of Bad Axe is Primary)	3,462				32,617			36,079
- Lapeer (City of Lapeer is Primary)	9,072				78,832			87,904
- Sanilac (City of Sandusky is Primary)	2,745				41,802			44,547
- St. Clair (City of Port Huron is Primary)	32,338				131,897			164,235
- Tuscola (Village of Caro is Primary)	4,145				54,121			58,266
BWCIL Totals	51,762	0	0	0	339,269	0	0	391,031
Capital Area CIL (Lansing)								
- Clinton (Greater Lansing is Primary)	26,695				38,058			64,753
- Eaton (Greater Lansing is Primary)	29,913				73,742			103,655
- Ingham (Greater Lansing is Primary)	220,323				58,997			279,320
- Shiawassee						71,687		71,687
CACIL Totals	276,931	0	0	0	170,797	71,687	0	519,415

- FULL-FUNCTIONING CILs - (Continued)

	Primary Service Areas			Outreach Service Areas			Unaffiliated	TOTAL
	(Served)	(Underserved)	(Unserved)	(Served)	(Underserved)	(Unserved)	(Unserved)	SERVICE AREA
CIL of Mid Michigan (Midland)								
- Arenac						17,269		17,269
- Bay	110,157							110,157
- Clare						31,252		31,252
- Gladwin						26,023		26,023
- Gratiot						42,285		42,285
- Isabella						63,351		63,351
- Midland	82,874							82,874
- Saginaw (about 37% Primary / 63% Outreach)	56,970				153,070			210,040
CILMM Totals	250,001	0	0	0	153,070	180,180	0	583,251
The Disability Network (Flint)								
- Genesee (60% Primary / 40% Outreach)	261,685				174,456			436,141
DN Totals	261,685	0	0	0	174,456	0	0	436,141
Disability Resource Center (Kalamazoo)								
- Allegan (Southeast one-quarter)	26,416							26,416
- Barry					56,755			56,755
- Branch					45,787			45,787
- Calhoun					137,985			137,985
- Kalamazoo	238,603							238,603
- St. Joseph						62,422		62,422
- Van Buren					76,263			76,263
DRC Totals	265,019	0	0	0	316,790	62,422	0	644,231
Grand Rapids CIL (Grand Rapids)								
- Kent (45% Primary / 55% Outreach)	258,451				315,884			574,335
GRCIL Totals	258,451	0	0	0	315,884	0	0	574,335

- FULL-FUNCTIONING CILs - (Continued)

	Primary Service Areas			Outreach Service Areas			Unaffiliated	TOTAL
	(Served)	(Underserved)	(Unserved)	(Served)	(Underserved)	(Unserved)	(Unserved)	SERVICE AREA
Great Lakes CIL (Detroit)								
- Wayne (33% Primary / 67% Outreach)	680,183					1,380,979		2,061,162
GLCIL Totals	680,183	0	0	0	0	1,380,979	0	2,061,162
Lakeshore CIL (Holland)								
- Allegan (Northwest three-quarters)	79,249							79,249
- Ottawa	238,314							238,314
LCIL Totals	317,563					0	0	317,563
Oakland & Macomb CIL (Sterling Heights)								
- Macomb (about 76% Primary / 24% Outreach)		602,104				186,045		788,149
- Oakland (about 59% Primary / 41% Outreach)		704,319				489,837		1,194,156
OMCIL Totals	0	1,306,423	0	0	0	675,882	0	1,982,305
FULL-FUNCTIONING CILS SUBTOTALS								
	2,587,621	1,306,423	0	0	1,713,080	2,528,101	0	8,135,225
(Percent of State Totals)	26.0%	13.1%	0.0%	0.0%	17.2%	25.4%	0.0%	81.8%

- DEVELOPING IL/CIL ORGANIZATIONS -

	Primary Service Areas			Outreach Service Areas			Unaffiliated	TOTAL
	(Served)	(Underserved)	(Unserved)	(Served)	(Underserved)	(Unserved)	(Unserved)	SERVICE AREA
Bay Area Coalition for IL (Traverse City)								
- Antrim		23,110						23,110
- Benzie		15,998						15,998
- Grand Traverse		77,654						77,654
- Kalkaska		16,571						16,571
- Leelanau		21,119						21,119
- Manistee						24,527		24,527
						14,478		14,478
- Wexford						30,484		30,484
BACIL Totals	0	154,452	0	0	0	69,489	0	223,941
Coalition for IL (Edwardsburg)								
- Berrien			162,453					162,453
- Cass			54,104					54,104
CIL Totals	0	0	216,557	0	0	0	0	216,557
Disability Awareness Council (Muskegon)								
- Mason						28,274		28,274
- Muskegon		170,200						170,200
- Newaygo			47,874					47,874
- Oceana			26,873					26,873
DACIL Totals	0	170,200	74,747	0	0	28,274	0	273,221
Jackson CIL (Jackson)								
- Hillsdale			46,527					46,527
- Jackson			158,422					158,422
- Lenawee			98,890					98,890
JCIL Totals	0	0	303,839	0	0	0	0	303,839

- DEVELOPING IL/CIL ORGANIZATIONS - (Continued)

	Primary Service Areas			Outreach Service Areas			Unaffiliated	TOTAL
	(Served)	(Underserved)	(Unserved)	(Served)	(Underserved)	(Unserved)	(Unserved)	SERVICE AREA
Superior Alliance for I.L. (Marquette)								
- Alger		9,862						9,862
- Baraga		8,746						8,746
- Chippewa			38,543					38,543
- Delta		38,520						38,520
- Dickinson			27,472					27,472
- Gogebic			17,370					17,370
- Houghton		36,016						36,016
- Iron			13,138					13,138
- Keweenaw		2,301						2,301
- Luce			7,024					7,024
- Mackinac			11,943					11,943
- Marquette		64,634						64,634
- Menominee		25,326						25,326
- Ontonagon		7,818						7,818
- Schoolcraft		8,903						8,903
SAIL Totals	0	202,126	115,490	0	0	0	0	317,616

DEVELOPING CILs SUBTOTALS	0	526,778	710,633	0	0	97,763	0	1,335,174
(Percent of State Totals)	0.0%	5.3%	7.2%	0.0%	0.0%	1.0%	0.0%	13.4%

- UNAFFILIATED COMMUNITIES -

	Primary Service Areas			Outreach Service Areas			Unaffiliated	TOTAL
	(Served)	(Underserved)	(Unserved)	(Served)	(Underserved)	(Unserved)	(Unserved)	SERVICE AREA
- Alcona							11,719	11,719
- Alpena							31,314	31,314
- Charlevoix							26,090	26,090
- Cheboygan							26,448	26,448
- Crawford							14,273	14,273
- Emmet							31,437	31,437
- Ionia							61,518	61,518
- Iosco							27,339	27,339
- Lake							11,333	11,333
- Mecosta							40,553	40,553
- Montcalm							61,266	61,266
- Montmorency							10,315	10,315
- Ogemaw							21,645	21,645
- Osceola							23,197	23,197
- Oscoda							9,418	9,418
- Otsego							23,301	23,301
- Presque Isle							14,411	14,411
- Roscommon							25,469	25,469
Unaffiliated Communities SUBTOTAL							471,046	471,046
(Percent of State Total)							4.7%	4.7%

- STATE TOTALS -

	Primary Service Areas			Outreach Service Areas			Unaffiliated	TOTAL SERVICE
	(Served)	(Underserved)	(Unserved)	(Served)	(Underserved)	(Unserved)	(Unserved)	AREA
Population	2,587,621	1,833,201	710,633	0	1,713,080	2,625,864	471,046	9,941,445
(Percent of State Population)	26.0%	18.4%	7.1%	0.0%	17.2%	26.4%	4.7%	100.0%
Population	5,131,455			4,338,944			471,046	9,941,445
(Percent of State Population)	51.6%			43.6%			4.7%	100.0%
<u>SERVICE PROVISION</u>	<u>Served Areas</u>		<u>Underserved Areas</u>	<u>Unserved Areas</u>		<u>STATE TOTAL</u>		
Population	2,587,621		3,546,281	3,807,543		9,941,445		
(Percent of State Population)	26.0%		35.7%	38.3%		100.0%		

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MICHIGAN’S DEVELOPMENTAL CIL BENCHMARKS

The Benchmarks reflect Michigan’s 25 years experience with developing CILs. They are presented as guidelines for successful CIL development. Although the process is unique for each CIL, the Benchmarks identify what have been seen as *common elements in the development of successful CILs*. A given benchmark may take up to three years, or more, to complete. Successive benchmarks may be addressed simultaneously.

BENCHMARK 0 **UNAFFILIATED COMMUNITY WITH NO DEVELOPED INTEREST IN** **AFFILIATION WITH THE STATEWIDE IL/CIL NETWORK**

The community does not have any formalized affiliation with a CIL or with the Statewide IL/CIL Network. There is also no developed interest within the community to pursue affiliation with the Network.

Technical Assistance: Requests from the community for information about Independent Living or the IL/CIL Network are addressed on an individual basis.

Funding: There is no identified group nor funding.

BENCHMARK 1 **DEVELOPMENT OF INITIAL INTEREST WITHIN AN UNAFFILIATED** **COMMUNITY**

One or more individuals with disabilities within an unaffiliated community begin to develop interest in pursuing affiliation with the statewide IL/CIL Network.

Technical Assistance: Provision of appropriate mentor(s) and links with statewide resources. Other services include training (IL, organizing, systems advocacy, ADA), use of technology, and resources from various partnerships, including scholarships to MACIL and other disability community functions.

Funding: There is no identified group, but some funding may be arranged on an individual basis.

BENCHMARK 2

ESTABLISHMENT OF LOCAL LEADERSHIP AND AN EXPANDING, ORGANIZED IL PRESENCE

There is an expanding organized presence, comprised of and led by a majority of persons with disabilities, focused on issues of persons with different types of disabilities. This local group (usually 10-50 people) is issue-focused, meets regularly, and maintains a record of such meetings. The group has a demonstrable understanding of and is driven by the following set of beliefs:

- ✓ The problem resides in the environment, not in individuals with disabilities;
- ✓ The solution to the problem is barrier-removal, advocacy, self-help, peer role modeling and support, and consumer control over options and services;
- ✓ People must participate in their own liberation

Technical Assistance: Appropriate mentor(s) and links with statewide resources. Other services include training (IL, organizing, systems advocacy, ADA), use of technology, and resources from various partnerships, including scholarships to MACIL and other disability community functions

Funding: Local group is volunteer, but may access mini-grants options up to \$5,000.

BENCHMARK 3

SYSTEMATIC ISSUE IDENTIFICATION

The local group described above engages in activities that result in identification of local issues affecting persons with disabilities.

Technical Assistance: People skilled in issue identification, town hall meetings, etc. Additionally, encouragement and facilitation of on-going dialog regarding the IL philosophy.

Funding: Mini-grant options, up to \$10,000.

BENCHMARK 4
PRIORITIZATION OF ISSUES AND DEVELOPMENT OF ACTION PLAN

The local group prioritizes issues and develops and implements an action plan to address one or more community issues. Outcomes are achieved through the group process. Some part-time or contract staff may be obtained at this point.

Technical Assistance: Promotion of IL philosophy and disability culture. Facilitator for strategic planning. Promotion of IL awareness at statewide conferences and encouragement for people to attend.

Funding: Planning grant, up to \$25,000

BENCHMARK 5
INITIAL DEVELOPMENT OF BUSINESS PLAN FOR AFFILIATION
WITH STATEWIDE NETWORK

The local group develops an initial business plan to pursue one of the following structural options:

- A. Link with an existing CIL (possibly under a “doing business as” arrangement),
- B. Establish its own 501(c)(3) organization, or
- C. Develop other alternative for affiliation with the Network.

Technical Assistance: Provision of sample business plan formats. Identification of business planning resources. Training on CIL Standards and Indicators. Provision of technical assistance on grant writing, planning, accounting, and other business elements. Invitations for the local group to move actively within the network of CILs and other statewide disability councils.

Funding: Development grant, up to \$50,000

BENCHMARK 6
IMPLEMENTATION OF PERMANENT ORGANIZATIONAL
STRUCTURE

The local group develops a permanent and formalized organizational structure. This usually includes an essentially full-time project director or coordinator.

Technical Assistance: Provision of sample paperwork. Identification of legal counsel and bookkeeping resources. Training on CIL Standards and Indicators. Provision of technical assistance on personnel policies and practices, grant writing, planning, accounting, and other business elements. Invitations for the group to move actively in the network of CILs and other statewide disability councils.

Funding: Development grant, up to \$75,000

BENCHMARK 7
DEVELOPMENT OF CAPACITY FOR LOCAL RESOURCE
DEVELOPMENT

The organization develops capacity for local resource development, including both financial and partnership resources.

Technical Assistance: Continued provision of the above-identified technical assistance and supports. Additionally, consultation and training in best practices for partnership building and community collaboration.

Funding: Development grant plus local funds

BENCHMARK 8
ESTABLISHMENT OF STAFFED OFFICE AND IMPLEMENTATION OF
BUSINESS PLAN

One or more staff persons are hired and an office is established to for implementation of the business plan. Organization meets most or all of the CIL Standards and Indicators.

Technical Assistance: Continued provision of the above-identified technical assistance and supports. Additionally, further consultation and training in personnel policies and practices, running a non-profit organization, and federal and state IL reporting requirements.

Funding: Continuing development grant, ranging from \$150,000 to \$250,000

BENCHMARK 9
FULL-FUNCTIONING CIL WITH SERVICE AREAS IN PROCESS OF
DEVELOPMENT

The organization is a full-functioning CIL providing the four core services and meeting all of the national CIL Standards and Indicators, but is still in the process of developing sufficient capacity to provide supports and services to all its identified service areas, to all populations within those service areas, and in response to all identified IL needs within the areas.

Technical Assistance: Continuing staff and organizational development, addressing the areas of need identified in annual Section 704 and other CIL reports. This includes best practices models for effective outreach.

Funding: Base core funding of \$300,000.

BENCHMARK 10
FULL-FUNCTIONING CIL WITH FULLY DEVELOPED SERVICE
AREAS

The organization is a full-functioning CIL providing the four core services and meeting all of the national Standards and Indicators. It has sufficient capacity to provide supports and services to all its identified service areas, to all populations within those service areas, and in response to all identified IL needs within the areas.

Technical Assistance: Continuing staff and organizational development, addressing the areas of need identified in annual Section 704 and other CIL reports.

Funding: Base core funding of \$300,000 plus added core funding for established outreach service areas and/or unique local needs.

Business Plan Outline for Developing IL Supports and Services

- I. Plan Summary and Statement of Purpose
(Prepare this summary after the rest of the plan is completed.)
- II. Identification of your Group or Organization
(Identify your group or organization and whom you represent. Be sure to explain how you qualify as community-based, cross-disability, and consumer-driven, in accord with the national CIL standards.)
- III. Service Market Area Assessment
(Describe characteristics of your service market area.)
- IV. Proposed IL/CIL Program
(Describe the program you propose to develop.)
- V. Proposed IL/CIL Organization
(Describe the IL/CIL organization you propose to establish in accord with the national CIL standards and Michigan's CIL Developmental Benchmarks.)
- VI. Proposed Timelines for Organization Development
(Describe who will do what and when, in working to achieve the CIL Standards and Developmental Benchmarks.)
- VII. Current Organization Status, Qualifications, and Capacity
(Describe your current organization, its current resources, and its status in achieving the CIL Standards and Developmental Benchmarks.)
- VIII. Developmental Needs
(Identify what additional resources you will need to carry out your proposed plan, in accord with the CIL Standards and Developmental Benchmarks.)
- IX. Ongoing Needs, Once Established
(Describe what you project will be the day-to-day expenses of operating the organization, once it is developed.)

X. Proposed Resource Plan

(Describe how you propose to meet your short and long-term resource needs. This should include cash-flow projections.)

XI. Community Organization and Outreach

(Describe how you will interact with the community in establishing an organized IL presence. This includes identifying needs, planning community initiatives, and providing information about your organization, its supports and services, and their value to program participants.)

XII. Program Evaluation

(Describe the steps you will take to accumulate data and examine program progress and outcomes [both qualitatively and quantitatively] to address the following evaluation questions:)

SUMMARY OF COMMUNITY INPUT AND NEEDS

Michigan has developed the “Disability Voice” which is a consolidated community planning project made up of eight state organizations who joined their efforts into a single project of obtaining public input on disability issues. These organizations are: 1. Michigan Commission for the Blind (MCB); 2. Michigan Rehabilitation Services (MRS); 4. Michigan Department of Transportation (MDOT); 5. Michigan Developmental Disabilities Council (MDDC); 6. Michigan Disability Rights Coalition (MDRC); 7. Michigan Rehabilitation Council (MRC); 8. Michigan Commission on Disability Concerns (MCDC); and, 9. Michigan Statewide Independent Living Council (SILC).

The purpose of this project is to coordinate town hall meetings throughout the state to give individuals with disabilities an opportunity to speak on disability issues in their own communities. During these meetings, community assessments are completed where respondents examine more specifically the major categories of issues affecting their lives – including housing, personal assistance, health care, community accessibility, recreation, assistive technology, transportation, and employment. Demographic information is also obtained to help in developing future state and agency plans.

There were five community-wide Town Hall Meetings conducted in FY 2000. The data collection methods consisted of a two-part process. One part was open discussion among the participants with their comments recorded. The other part was a self-identified community assessment, including demographic information. The community assessment was designed to elicit a more thoughtful understanding on the issues identified in the open discussion.

In addition to the Town Hall Meetings, SILC has held or attended 16 focus groups throughout the state during the last year in order to gather information useful in developing the SPIL. These 16 groups addressed the following topics:

- “Daring to Dream”
- “Special Education & Early Intervention Services”
- “Minority Outreach”
- “Health Care Issues”
- “Issues on Blindness”
- “Assistive Technology”
- “Regional Issues”
- “Partnership”
- “Looking at Deafness & Hard of Hearing”

- “Recreation”
- “Youth Leadership”
- “CIL Growth”

During these focus group sessions, approximately 200 participants attended from the disability community in addition to other community groups and agencies. These attendees completed 121 community assessments.

Following is a summary of public input and community assessments from the Town Hall Meetings and focus groups. The themes that were most frequently repeated included:

Community Supports:

- There is need for affordable, reliable transportation, which has weekend and extended daily hours. Also, transportation for individuals with disabilities that goes beyond city borders and county lines. ***Mobility is the key to independence.***
- Housing is needed that is affordable, accessible, and in safe neighborhoods. Special housing should not be isolated.
- Communities need improved togetherness, cohesiveness, and resources. So much of the effort in locating resources is currently done on an individual basis. If the answers are not readily available, it becomes a never-ending research project for the individual to resolve, with each individual going through the same process.
- Improved awareness is needed of the benefits of accessible supports and services. Service providers and businesses are not aware of the accessible supports and services that exist.
- Improved consistency is needed in the delivery of supports and services. There is currently great variance in the quality of supports and services. For example, individuals from a suburban area may receive high quality and effective supports and services, whereas individuals from an inner-city area may receive incomplete supports and services of poor quality.
- Across the board, more coordination of supports and services is needed.

Attitudes:

- People do not know how to treat persons with disabilities. Many non-disabled people allow barriers to continue. Individuals with disabilities are treated as “stupid, deaf, dumb, or blind”. “We are treated as if we can’t speak for ourselves” they assert. “We need to take on more leadership roles in the community, speaking to our own issues and showing our collective intelligence. We need to be sitting on councils and getting involved in the political process.”
- Attitudes towards people with disabilities still need improvement. Accessibility does not stop at physical barriers. Attitudinal barriers must be addressed through education and disability awareness training.
- The terrible fear and misunderstanding by people without disabilities is one of the greatest barriers for an individual to overcome. Community leaders need to highlight positive accomplishments and involvement of people with disabilities rather than always being stereotyped in the “help” mode.

Information & Resources:

- There are limited educational resources and too many roadblocks. It is hard to find information. Linkages to educational and service resources on disabilities need to be increased. Access to computer technology needs to be addressed for the minority community.

Education:

- Early involvement in educational activities is critical for children with disabilities. However, far too often the Early On programs do not provide timely services after referrals are made.
- Planning for school transition services does not start early enough. There also needs to be appropriate planning for each stage of educational transition.
- Families want to feel confident that public educational services consistently meet statewide mandated requirements and are supported by state funding. As it is now, families too often feel the services are determined by where they live

- There is need for more CILs across the state to educate and advocate for parents of children with disabilities, for persons with disabilities, and for the community at large. What the CILs do to help people with disabilities, helps everyone.

Health Care:

- There is need for improved consistency in health care, especially across different health care plans.
- Improved discharge planning and long-term-care follow-up is needed. Many times individuals are discharged from hospitals to community long-term-care with incomplete planning and little follow through.
- Resources are needed to help individuals find doctors with the appropriate knowledge and skills. It is often difficult to find the right doctor that understands an individual's disability and medical situation.
- Supports are needed to help individuals take a more pro-active role in managing their health and preventing illness. Discouragement due to health care barriers needs to be overcome. More support groups are needed like "Living Well with a Disability".
- More health care advocates are needed to assist individuals with disabilities in making choices and getting through the system.

Assistive Technology (AT):

- Good information on technology, especially new technology is lacking. A newly disabled person has even greater difficulties learning where to go for information. A clearinghouse of resources is needed, which identifies areas of need and refers to central places where more specific information and consultation can be obtained.
- Lack of funding for appropriate technology is a barrier. Many times individuals do not qualify for services and/or funding because their disabilities are not severe enough or they do not fit the program standards. There is inconsistency from one area to another.

- There needs to be greater community awareness of AT.
- Special Education needs administrative support in the form of funding for AT equipment in the schools. Updated information and training on AT is also needed.
- Consumers need ways to be more self-supportive in purchasing their own assistive equipment. This includes assistance with low-cost loans.

Personal Assistance Services (PAS):

- More people need to realize how cost effective it is to provide PAS rather than incur the cost of nursing care facilities.
- It is becoming more and more difficult to get personal assistants due to the employment market and what consumers are able to pay. Most consumers cannot offer benefits of sick or vacation time, let alone health insurance.

Youth Leadership:

- Some of the youth in schools are singled out and “made fun of” by disparaging remarks and put-downs. This results in much embarrassment and anger. It reaches the point that some of the youth are so affected they go home and cry. Other students need to put themselves in the shoes of students with disabilities and see how it feels.
- Leadership is being able to direct people down the right path, speaking about concerns and issues, setting a role model for others, and doing something that others can follow.
- The barriers to youth becoming leaders center on a number of different fears: fear of failure, fear of being held to higher standards, being shy, fear that other will judge you, fear of being first, fear of not setting the right example, and fear of what others might think when you are finished.
- Youth need role models who are trustworthy, honest, and approachable.

Blind and Visually Impaired Communities:

- There is no privacy for voting, either via machine or absentee.
- The cost of doing business with a bank (not being able to utilize ATM machines, etc.) and the loss of privacy of financial information are problems.
- There is a problem in accessing emergency information which runs across the television screen without verbal announcement.
- Many CILs in Michigan do not have blind individuals on their Community Access Teams. Accommodations and recommendations are often not relevant to blind needs. Access Teams need to have more cross-disability representation.
- More funding and training is needed with consumers on how to access and acquire new technology. There is need to recognize the critical role that good orientation and follow-up plays in the proper and successful use of equipment.
- The Michigan Job Bank, Michigan Talent Bank, and the Michigan Works! Service Centers are not easily accessible to individuals with vision barriers. The Michigan Commission for the Blind (MCB) needs to take a more active role in educating these centers on blind issues. It is extremely difficult to get state agencies and departments to have alternative formatted materials available.
- More education is needed with the public on the blind culture, including its issues and attitudes.
- More local peer training is needed. Peer support allows the person to validate his or her feelings, helps the person adjust to new ways of approaching everyday challenges. It helps the person feel he or she is not facing disability alone. It takes a person from feeling totally frustrated, to a sense of confidence in handling personal affairs.
- More mobility training is needed, especially in the rural areas of the state. CILs could be a real resource in this area.

Deaf and Hard-of-Hearing Communities:

- The larger community needs to acknowledge that the hard-of-hearing are not deaf and do not have the same issues as deaf people.
- The deaf do not look at deafness as a disability, but as a culture – and, they are proud of that culture.
- Uniform standards and approaches are needed for “Assistive Listening Devices” (ALDs) and systems in public places.
- CILs aren’t marketed well in the deaf community. CILs need to do more mentoring with the deaf.
- Both the hard-of-hearing and the deaf communities could utilize more supports and services addressing their unique needs through peer support, advocacy (including employment, systems, and personal advocacy), IL training/information, and personal assistance services.
- If a deaf individual is hospitalized for psychiatric problems in Michigan, interpreter services are only available for meetings with the physician. This makes it almost impossible for the individual to receive needed care.
- There is a major lack of resources (qualified staff and funding) to provide services to the deaf. This is at all levels and service areas.
- More education is needed in Michigan on the rights of the deaf and hard-of-hearing. Professionals need to learn their legal obligations. Information on available supports and services for the deaf and hard-of-hearing needs to be made more readily available to both professionals and consumers.
- Literacy is an issue with the deaf culture. Many deaf individuals are not good readers. No deaf literacy programs are available. The average reading level for deaf persons is the third to fourth grade.
- Being deaf or hard-of-hearing increases an individual’s cost to live in the community, as there is no public funding for interpreters. Society needs to do what is necessary to assure all individuals have equal access. The ADA is not enforced today, and money is the reason.

- There are not enough advocates for the deaf and hard-of-hearing in the community. This is especially true of advocates who are familiar and comfortable with deaf culture.
- There are not enough qualified interpreters in Michigan, nor are the interpreters located in every community. There is a lack of opportunities to practice sign language skills, and education to learn sign skills is expensive.
- CILs and other organizations need to remember that teleconferences (distance learning) sessions are not captioned.
- More information and acquisition of hearing assistive technology is needed. There also is need for insurance coverage for hearing aids, similar to the insurance coverage available on eyeglasses.
- Educational programs are needed in schools to assure health curricula have a unit on hearing, including information on hearing protection. Noise is the number one cause of hearing loss.

Recreation:

- It takes a person much time and energy to look at ways they can participate in recreation the same as they did before they became disabled.
- Recreational activities need to be a priority because they embody IL principles. It should be a prime goal in the IL movement.
- Recreation is fun, but it is also a necessity for everyday living. It improves a person's mental outlook and health.
- Formal funding sources are needed for recreational activities. This includes covering the cost of specialized adaptive equipment. The only adaptive equipment covered through many programs is that of auto and home accommodations.
- People need to be informed of the opportunities that exist in the community.

Community Planning for Affiliation with IL/CIL Network:

- There is a lack of knowledge on who controls the funding and how to access it.
- There is need for assistance assessing community needs.
- There is a need to learn strategies for reaching out to people with disabilities in communities and getting them involved. Many are willing to just sit back and wait for something to happen. Limited motivation, transportation, and other issues stand in the way of their participation.
- Many community groups interested in starting a CIL have limited awareness of what is required to start an organization. They find it difficult to prioritize issues, and they struggle with what to do next.
- People with disabilities and community partners often find it difficult to understand the terminology of the IL Movement and its contrast with medical and professional models. More background and history on IL needs to be available, presented in a way that connects with local consumers and partners.
- Community-level training is needed in effective confrontation techniques, including tools of negotiation. Each developing CIL needs to develop internal agreement on the most effective approach to take in its community.
- Communities need to be linked with state-level activities.
- Developing CILs and planning initiatives need ongoing consultation and organizational peer support. It would be helpful to have an identified mentor to work with on a consistent basis. The mentor needs to be a person who identifies with the local community and shares its goals.
- Developing peer support is an essential part of developing the local organization. It is important for the local group to have an informal support network of individuals who support each other.
- It is helpful for a group to know the resources that are available when they are first starting up.

Multi-Cultural Involvement for Underserved Populations:

- There are limited educational resources and too many roadblocks to finding information. Increased linkages are needed to educational resources on disabilities. Access to computers is limited in minority communities. There are no affordable computer options, and no hands-on training is available. There are computer locations in libraries, but transportation to the libraries is difficult.
- Attitudes need to change. Awareness training is needed in the community. Being a minority and having a disability is a dual discrimination problem. There is limited literature on minorities with disabilities. Individuals are treated as if they cannot speak for themselves. Consumers need to take on more leadership roles in the community, speak to their issues, and show their collective intelligence. Consumers from minority communities need to gain membership on councils. Consumers from minority communities need to become more politically involved.
- There is no one agency or organization at the state level that focuses on disability minority issues. There need to be representatives of minorities with disabilities from different councils who get together in a disability caucus once or twice a year.
- There are differences in delivery of supports and services to minorities with disabilities. Some individuals from affluent communities can get high quality equipment, whereas individuals from inner-city or depressed communities get something less useful. The quality of supports and services depends on where you live. There is no consistency in delivery of supports and services within the state programs.
- It is difficult to find medical providers who will take Medicaid. Many physicians do not perform preventive exams of female patients due to the limited accessibility of medical facilities or unavailability of staff to help transfer a patient in a wheelchair. There is a lack of respect in general by doctors, and they often do not acknowledge that the person with a disability has any understanding of what is going on with his or her body.
- There are limited recreational opportunities for individuals in inner-city, low-income communities. Leisure activities are non-existent.

- There is no appropriate health care in the prison system, and a medical problem can become a long-term disability due to the fact that it does not get addressed. For example, a person can go blind while serving time because an eye problem is not treated.

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Community Input & Needs section.]

SUMMARY OF COMMENTS ON PROPOSED SPIL, AND RESPONSES

Comments on the proposed SPIL were obtained during the course of its development through a variety of means. These included interviews with IL and community partners, 16 consumer focus groups, public comments at two SILC meetings (one of which was a formal public hearing), response to a variety of e-mail messages and draft materials to IL and community partners, and discussion at two MACIL meetings. The draft SPIL was also posted on both the SILC and the Communities of Power web sites for review and comment.

A number of comments and suggestions were received. Numerous editorial suggestions were offered, many of which have been incorporated in the final document. A summary of the major substantive comments, along with description of responses, is as follows:

The SPIL as a Living Document

Comments: Make the SPIL a living document to guide IL in Michigan. Have it be flexible to respond to changing needs, and to promote growth. Do not let it be an anchor that holds growth back. Develop a plan that goes beyond rhetoric, to have real impact. Structure it in several sections, each of which can be used separately.

Response: The FY 2002-04 SPIL has been reformatted from previous plans to include more information that is organized to be more useful. The priority has been to include information and materials that will be of use, even if it makes the plan longer than suggested in federal guidelines. Emphasis has been placed on providing principles and guidelines that can be applied to IL programs and services at both the state and community levels. Detailed materials have been organized into a separate "Supporting Information" section that can be periodically updated and flexibly used. Increased emphasis has been placed on annual development of a workplan, including specific partner commitments, along with regular analysis and review of performance in achieving the identified objectives. (Also see next item.)

Organization of SPIL around Partnership Development and Systems Change

Comments: Organize the SPIL around approaches that promote development and implementation of collaborative initiatives for needed systems change. Address real partner needs rather than bureaucratic planning categories. Focus on ways of moving forward with the collaborative initiatives.

Response: The FY 2002-04 SPIL has been organized around themes that resulted from partnership interviews and two planning retreats, rather than around the traditional Title VII IL objectives. These themes reflect current partnership priorities and commitments, consistent with the purposes of Title VII.

Definition of the Partnerships

Comment: Define the partnerships addressed in the SPIL, and use the terms consistently throughout the document.

Response: This has been done.

Identification of Partners' Commitments through Annual Workplans

Comment: In response to early drafts of the plan, people expressed concern about specifying lead agencies for the identified plan objectives without a formal process for obtaining partner commitment.

Response: After further discussion with partners, it was agreed to remove specific lead responsibilities from the SPIL, and instead emphasize annual development of the SPIL workplan. This will include annual identification of lead responsibilities and confirmation of partner commitments to carry them out.

Realistic Plans for What Can Actually Be Accomplished

Comment: The SPIL objectives seem overly ambitious. Do not set objectives that cannot be achieved.

Response: Clarification has been provided that the SPIL objectives address collaborative partner initiatives, not just responsibilities of the SPIL Partners. Efforts have been made to identify objectives that provide long-term direction for participating partners, but which also reflect current initiatives and realistic partner commitments.

Acknowledgement of Current Initiatives

Comment: Be sure to recognize current initiatives of the IL partners.

Response: The IL partners are currently engaged in a wide array of initiatives related to IL supports and services. As many of these as possible have been

recognized in the plan. The objective for Responsive Community Supports and Services has been included in large part to recognize these initiatives.

Emphasis upon Community-Based Implementation

Comment: Provide for local community implementation of the SPIL objectives. If it does not happen at the community level, it does not make a difference in the lives of individuals with disabilities.

Response: The IL/CIL Network is composed of local, community-based organizations. Community integration and leadership are emphasized throughout the plan, especially in the objective for Broader Community Building and Connecting Efforts.

Acknowledgement of Community Supports

Comment: Reach out to meet the basic survival needs of people with disabilities. Specialized services are meaningless if individuals' basic needs are not met, including food, housing, clothing, transportation, and health care.

Response: These needs are addressed by the objectives for Improved Information and Referral Systems and Practices, and Responsive Community Supports and Services. (Also see next item.)

Recognition of IL Supports

Comment: Highlight throughout the document that a top CIL priority is addressing long-term supports needed by individual consumers. When discussing CILs, do not just address "services".

Response: To acknowledge this CIL priority, the phrase "supports and services" has been used consistently throughout the document when referring to CIL activity.

Emphasis on Community Inclusion and Multicultural Involvement

Comment: The words "outreach" and "minority" have connotations of inequality and condescension. Whenever possible, emphasize the positive perspectives of community inclusion and multicultural involvement.

Response: This has been done, except in those situations which specifically require reference to "outreach" or "minorities".

Accurate Description of Current CIL Coverage

Comment: In response to early drafts of the plan, people expressed concern that more emphasis was being placed on the number of counties affiliated with the CIL Network than the number of people who do not have access to IL supports and services.

Response: Description of the IL/CIL Network has been revised to provide a more accurate identification of the current service areas, including served, underserved, and unserved populations.

Summary of SPIL and How to Use It

Comment: To make the SPIL more easily understood and useful, include a summary and description of how the document can be used.

Response: This has been done in a Foreword and Executive Summary for Attachment 1.

List of Acronyms

Comment: Include a simple list of acronyms used in the plan. For easy reference, have this at the beginning of the plan, in addition to the more detailed Glossary in the section of Supporting Information.

Response: This has been done.

Definitions of Blindness

Comment: Include in the Glossary the definitions of blindness used under Title I and VII of the Rehabilitation Act

Response: This has been done.

Reference to Consumers

Comment: Do not use the word “consumer” in reference to individuals with disabilities. Use more progressive terminology such as “customer”.

Response: Discussion reflected a variety of perspectives. There was no consensus on terminology that better reflected individuals with disabilities. No change has been made.

Rethink Reference to Consumer Sovereignty

Comment: Rethink the principle of Consumer Sovereignty. It seems inconsistent with current concepts of informed choice and personal governance.

Response: The concept of self-governance has been included in a couple places that seemed appropriate. The principle of Consumer Sovereignty has been developed over time as part of a SILC-approved set of guiding principles, which have recently been reaffirmed. Need for change in the Consumer Sovereignty principle will be addressed by the SILC in future reviews of the guiding principles.

OUTREACH REFERENCE PAGE

Emphasis upon outreach to unserved and underserved areas and populations, including minorities, is integrated throughout Michigan's IL/CIL program. As explained in the comments section (see Attachment 1, page 110), Michigan strives to address this topic primarily in terms of community inclusion and multicultural involvement. It is reflected in all activities related to expansion of the IL/CIL network, development of community capacities, identification of needs, resource planning, grant and program evaluation. The most explicit references within this SPIL are to be found on the following pages of Attachment 1:

- 23 (multi-cultural inclusion and enhanced community-based communication)
- 25 (network affiliation and expansion of statewide IL/CIL Network)
- 26 (voter registration)
- 27 (IL/CIL Network systems change role)
- 38-39 (structure of IL/CIL Network)
- 41-42 (supports and services)
- 43-44 (Network vision and design)
- 46 (application requirements, including outreach needs)
- 47-49 (evaluation of grant applications)
- 50-51 (Benchmarks for Network development)
- 52-53 (IL/CIL business plan)
- 53-56 (priorities for expansion)
- 61-62 (services for older individuals who are blind)
- 63 (technical assistance and Network support)
- 65-66 (collaborative coordination)

Priority Outreach Needs and Populations

Each CIL identifies priority populations for outreach in its own geographic area. On a statewide basis, the most frequent priorities for outreach include unserved and underserved geographic areas, rural populations, individuals with vision or hearing impairments, persons with mental illness or cognitive impairments, youth, homeless persons, inner city black populations, Hispanic populations, Asian populations, and Native American populations. Key initiatives include outreach to unserved/underserved areas in Detroit, Oakland and Macomb counties, Shiawassee County, and Monroe and Livingston counties. Efforts also include minority outreach to Native Americans in the Upper Peninsula and northeast Lower Peninsula; inner-city Blacks in Detroit, Flint, and Pontiac; Hispanics in the Thumb area (Blue Water CIL), mid Michigan, and southwestern Michigan; and Asian populations in Detroit, mid-Michigan, and western Michigan

In their FY 2002 grant applications, Michigan's CILs report service populations that are generally comparable to the ethnic/racial profiles of their respective geographic areas. At the same time, they raise concerns over the extent to which they are adequately and effectively meeting the needs of minority populations, considering that these populations generally have a higher-than-average incidence of disability.

Approaches used to address the identified outreach needs, especially for minority populations, include obtaining minority staff, developing links to their communities through minority organizations and groups, and establishing outreach offices within the community neighborhoods.

Michigan State Plan for Independent Living – Attachment 2

MICHIGAN SILC RESOURCE PLAN

Fiscal Years 2002-2004

The SILC has developed some very specific roles within the Michigan's IL/CIL Network, including:

- Taking the lead in developing a cross-disability collaborative partnership.
- Working with IL partners in looking at the expansion of the Network and the technical assistance to support that network.
- Collaborating with IL partners in documenting local community and consumer input on issues facing persons with disabilities.

These specific roles and their related cost have been considered in the SILC resource planning, as follows:

SILC meeting its basic statutory requirements:

This includes three staff positions, office space, maintaining equipment, supplies, insurance, maintaining council activities, conducting committee meetings, obtaining public input, production of the annual legislative report, Governor's report, and conducting grant reviews.

	FY 2002	FY 2003	FY 2004
Basic Core Operations	\$245,386	\$257,655	\$270,537

Collaborative Efforts and Partnerships:

These activities focus on collaboration with identified partnership in coordinating and implementing initiatives set out in the identified systems change goal areas in the FY 2002-2004 SPIL. These activities include an annual partnership retreat for strategic planning, planning and facilitation of a statewide disability congress, working in collaboration with partners on issues affecting persons with disabilities.

	FY 2002	FY 2003	FY 2004
Collaborative Partnerships	\$27,411	\$32,500	\$33,150

Technical Assistance:

This reflects an expansion of routine technical assistance provided by SILC to the established and developing CILs.

SILC staff have been active in presenting IL to unaffiliated groups, providing technical assistance to communities leaders who are involved in setting up an IL presence, and jointly providing assistance to existing CILs in the grant application area as well as in administrative areas. Additional activities of site reviews will be done in collaboration with the SPIL partners. This will be done through collaboratively convening a program review team for IL/CIL site reviews to determine that the individual organization meets the Michigan Developmental Benchmarks and (as appropriate) the national CIL Standards and indicators. If needed, this program review team will assist in designing technical assistance plans to help maintain or achieve successful IL presence in the local communities.

	FY 2002	FY 2003	FY2004
Technical Assistance	\$6,974	\$8,000	\$9,624

Expanded Consumer Input:

The SILC works in collaboration with state partners on conducting several statewide town hall meetings through the “Disability Voice” coalition. These town hall meetings center on the community assessment of needs and issues. During the last year, the SILC staff has expanded the consumer input by conducting focus groups, which are centered on very specific needs. The smaller groups have focused on such areas as health care, youth leadership, minority issues, technology, housing, personal assistance, recreation, employment, and education. Focus groups also centered on specific disability group’s needs of the deaf, hard of hearing, visually impaired and the blind. These smaller focus groups have allowed for in-depth discussion with a dialog on recommendations. The focus was also done with providers and partners. The identified needs and recommendations are then shared with various state departments and programs providing supports and serves. SILC has also set up an additional feedback option on our web site.

	FY 2002	FY 2003	FY 2004
Consumer Input	\$11,500	\$11,730	\$12,000

	FY 2002	FY 2003	FY 2004
TOTAL SILC BUDGET	\$291,278	\$309,885	\$325,311

Added Resource Plan Assurances

1. No conditions or requirements are included in the resource plan that may compromise the independence of the SILC.
2. There is no potential for assignment of duties by any other organization or agency that would create a conflict of interest for staff carrying out SILC responsibilities because the staff are employed by the fiscal agent exclusively for SILC.

Michigan State Plan for Independent Living – Attachment 3

EVALUATION PLAN

Fiscal Years 2002-2004

The 2002-04 SPIL activities are designed to result in continuous improvement in the capacity, efficiency, and impact of IL programs, supports, and services to meet consumer needs and achieve the Title VII goals of "integration and full inclusion of individuals with disabilities into the mainstream of American society".

Achievement of the performance commitments outlined in Attachment 1 are to be analyzed and reviewed as follows:

1. Identification of baseline data and related information.

SILC, MRS, and MCB will work with other IL partners to collect baseline data and information as it relates to the achievement of each SPIL objective.

Baseline data collection is for the purpose of identifying what currently exists. This will provide the starting point for evaluation. It can include existing monitoring procedures and reports relevant to each objective.

2. Standards for the measurement of progress.

Progress will be measured and reported on three criteria:

- ✓ outcomes, defined as the results of activities addressing plan recommendations.
- ✓ impact, defined as the degree and extent of change. This may include impact on systems change as well as impact on people with disabilities.
- ✓ consumer satisfaction, defined as the measurement of satisfaction by individuals with disabilities.

3. Procedures for analyzing and reviewing progress.

Analysis and review of performance in achieving the SPIL objectives is an ongoing collaborative process that includes SILC, MRS, MCB, and community partners. The SPIL Analysis and Review Committee will establish the procedures for periodic review and invite interested partners to participate. This committee will submit quarterly reports to the Council for approval and any needed update or revision actions. The SILC may convene public hearings, forums, and focus groups to address particular concerns raised through the quarterly analysis and review process.

Yearly, the SILC will produce a state-of-IL-in-Michigan report that presents the results of the above analysis and review process. This report will additionally reflect meetings convened and facilitated by the SILC with MRS, MCB, MACIL, MDRC, and other IL partners to assess progress in achieving SPIL objectives, major barriers being encountered, and recommendations for needed changes in the SPIL.

The result will be an annual SPIL work plan which will establish time lines for achievement of the SPIL objectives. The work plan will relate realistically to the state and federal program/grant/budget cycles.

4. Review and revision of the SPIL.

Yearly review of the SPIL implementation work plan will be conducted at the annual SILC planning meeting to evaluate progress and identify any needed changes in the plan. This meeting will be a public forum which encourages participation by consumers and other interested parties.

Future SPIL objectives will be developed based on the analysis and review process, procedures, and identified outcomes. These will be responsive to such factors as changing IL priorities, budget contingencies, and federal or national standards.